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COMMUNICATIONS.

ALCOHOL, ITS USE AND EFFECTS AS A BEVERAGE AND MEDICINE.

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Of Virginia.

First. Alcohol is defined in pharmacy to be rectified spirit of the specific gravity 0·835, containing 13 or 14 per cent. of water, and is obtained by the distillation of a fermented, saccharine, or vinous liquid, and is expressed by the chemical formula $C_4H_6O_2$ produced by the breaking up of an equivalent of grape sugar, $C_{24}H_{28}O_2$. Alcohol does not exist in plants. It was extracted from fermented liquors first by the Arabians, and may be divided into three classes, viz.: Ardent spirits, wines, and malt liquors. Alcohol is a colorless, limpid liquid, and of a pungent, aromatic, and agreeable taste and odor. It is volatile, and boils at the temperature of 176° F., producing a high degree of cold during evaporation. It retains its fluidity under every degree of cold to which it has ever been exposed. It is highly inflammable, and burns with a lambent, bluish flame, unattended with the least degree of smoke. The sole products of the combustion are water and CO_2; when transmitted through a red-hot tube of porcelain CH_3 is produced, and a trace of charcoal. It unites with water in every proportion, with diminution of volume and increase of temperature; the two together, when redistilled, and with half its weight of quick-lime, making pure or absolute alcohol. It dissolves soda, ammonia, and the vegetable alkalies and resins, such as camphor, manna, the balsams and essential oils, is largely used in the manufacture of tinctures of which the United States Dispensatory recognizes as officinal nearly 300, not including the ethers and chloroform, and forms definite compounds with the chlorides of calcium and zinc. Its component parts are, carbon 52.17, hydrogen 13.04, oxygen 34.79. It exists ready formed in wine and spirituous liquors, and may be collected without heat. Mr. Brande, in a table, has proved that brandy, rum, gin, and whisky contain 40 to 50 per cent. of alcohol; port, sherry, and Madeira wines, 19 to 25 per cent; claret, champagne, and gooseberry wines, from 12 to 17; and cider, ale, and porter, from 4 to 10. Alcohol is simply combined with water in all spirits, whereas in wine it is combined with mucilaginous, saccharine, and other vegetable principles which tend to diminish the activity of the alcohol upon the system—a fact explanatory that while brandy, contains but little more than twice as much alcohol as good port wine, it has an intoxicating power considerably more than double. Ardent spirits, as already stated, are obtained by the distillation of vinous liquids, e. g., that from the fermented juice of the grape is brandy, that from molasses is rum, that from an infusion of grain is whisky, from rice arrack, from the peach and apple is another form of brandy, whilst gins, Hollands, Scotch and Irish whisky are corn spirit flavored; the volatile oil contained in all is termed by the chemist fusil oil. The essential oils are present in small quantity, either generated during fermentation or purposely added by the manufacturer, with adulterations of strychnine, hops, etc.

The toxicologist defines alcohol to be an acro-narcotic poison. In small quantities it causes

mere excitement. In large doses it produces delirium, confusion of intellect, nausea and vomiting, and even coma, apoplexy and death. When taken in excess, it often proves instantly fatal, or by occasioning or aggravating other diseases, may be attended by the same result. Tanner, "Memoranda of Poisons," mentions the case of a man who drank two bottles of port wine, containing eleven ounces of alcohol, in less than two hours. He died from congestion of the brain and lungs. Two wine-glasses of brandy proved fatal to a boy seven years of age in thirty minutes. The writer knew of a naval officer who drank a single bottle of wine while standing on his head, to win a wager, and died suddenly with symptoms of apoplexy; and of another example of a sailor, his patient, on board the U. S. steamship Jamestown, who drank freely from a bottle of alcohol used for lamps, and died from congestion of the lungs. In connection with the subject of the toxic effects of alcohol, it may be here added that the habitual use of alcoholic stimuli will cause diseases of the viscera, and various cerebral and nervous disorders, and the symptoms of poisoning thus induced may be mistaken for those of epilepsy or apoplexy. The morbid appearances, are inflammation and softening of the mucous membrane of the stomach with an odor of alcohol, and congestion of the cerebral vessels, with sanguineous and serous extravasation in the brain or lungs. The blood is less coagulable than is natural, owing to a deficiency of fibrine, the principle which gives strength to the muscles. The blood is also liquid and fermentable, and has an excess of temperature. Memory, the faculty of the soul which enables man to recall and reproduce sensations and ideas, according to Dr. Winslow, in his volume "On the Brain and Mind," is either impaired or lost, and finally the morbid conditions end in insanity.

Secondly. *Its Use and Effects as a Beverage.* With the majority of men the appetite for alcoholic stimulants is acquired, though in a minority of examples the appetite is hereditary. The social habits of mankind at present in high and low life tend to encourage their use, owing perhaps to the excessive waste of brain, nerve and life forces now expended in the varied pursuits, intellectual and mechanical, which occupy the attention of mankind, to the exclusion of comfort, sleep and needful diet—and thereby violating the common rules of practical hygiene. On ship board, in cities, and in every clime, intoxicants have come into universal use. The Anglo-Saxon has by statute made beer drinking a legalized fact, the Latin races drink wine, and the Anglo-American whiskey, all ignoring the solemn warning and Scriptural rule, "Give strong drink to him who is ready to perish." The first record we have of the use and effects of wine drinking in excess is recorded in the Bible in the history of Noah. "And Noah began to be a husbandman, and he planted a vineyard, and he drank of the wine and was drunken." The love for alcoholic stimulants is not natural to the normal man, as already affirmed; the palate rather rejects them, excepting in the case of the drunkard's offspring, in whom the appetite is innate and transmitted. In proof of this assertion, an example is furnished by the records of the Tombs Prison in the city of New York, of a youth fifteen years of age, who was arrested for drunkenness; but he was not drunk, nor had he been drinking. He had never been able to walk without staggering. His speech was that of a person intoxicated, and when excited he would mutter and reel. He had been born a natural drunkard, and had always acted like one. The evils physical and moral growing out of the use of alcoholic stimulants as a beverage throughout the civilized world, as well as in heathen lands, where the savage has been taught to drink the well named fire-water of the so-called Christian races, cannot be described. The child at the mother's breast is made to acquire a taste for stimulants by a vicious midwife—the physician, oblivious of the responsibility to protect his patient from temptation, prescribes them often without restriction as to time and quantity. And the operative classes in this country look forward to the harvest and holiday seasons as occasions for self-indulgence, even to a condition of inebriety. It can be readily proved that such is the nature of alcohol and such the nature of man, that he cannot continue to use them as an ordinary beverage without in many cases forming intemperate habits leading to drunkenness; and the assertion can be sustained by numerous examples, that the common and ordinary use of ardent spirits in American homes, towns and cities, has already peopled them with drunkards. The quantity consumed annually is well nigh incredible. The tax upon intoxicating liquors is $70,000,000—the interest paid in one year, according to the statement of U. S. Senator Blair, for alcohol, would relieve the American nation of all taxation for the support of public schools. Philadelphia has 4,160 drinking saloons, covering the space of five acres of ground, and spends on the purchase of ardent spirits $30,000,000—Chicago $40,000,000, and New York $60,000,000. In the

latter city 65,000 arrests for intoxication were made in a single year, and 80,000 were committed to public charities. In the United States 400,000 more people are engaged in the liquor traffic than in preaching the Gospel. In England, by the use and effects of alcohol, 100,000 individuals are annually sent to prison, 150,000 die drunkards, and 200,000 women and children are reduced to destitution; while in this country only $12,000,000 are expended for the support of the Gospel, $90,000,000 is required to keep up jails, penitentiaries, hospitals for the insane and for inebriates, and to pay the fees of lawyers and the criminal courts. In Great Britain the drink bill amounts to £108,000,000, with an annual loss to the nation for value of food destroyed, waste of capital, destruction of property on sea and land, cost of police and public charges, by pauperism, vice and insanity, traceable to drink, footing up the enormous sum of 216,000,000 pounds sterling. Villermé, a French savant, declares that "the use of wine with its ultimate effects is the greatest curse to the laboring classes of France. At the tavern they contract debts. Hatters, tailors, printers, marble cutters, and ship carpenters in that country, are the greatest sufferers." M. Fleury "Lectures concours d'Hygiene," alluding to the vices traceable in France to the use of ardent spirits, affirms that workmen at the cabarets learn to revolt against social inequalities, and there begin to dream of communism. The reports of asylums in Great Britian and in the United States disclose the fact that three-fifths of the cases which come under the notice of inspectors of such institutions were caused by the use of alcoholic stimulants. Out of the jail population in Canada of six thousand convicts, not less than five thousand owed their condition to the use of such intoxicants. While the above facts are well known, it is to be deplored, that the legislation of our national Congress and the State Legislatures, and even the judiciary, encourage by statute law the liquor traffic, the support of barkeepers and of revenue agents, worse than the locusts of Egypt.

Third. *The Use and Effects of Alcohol as a Medicine.* Alcohol is used as a vehicle of medicines, or for convenient administration. In small quantities it is valuable as a cardiac and brain stimulant, and in medical practice the use of either wine or some form of ardent spirits is recommended for dyspepsia, where articles difficult of digestion have been eaten, and gastrodynia results —for diseases of an adynamic character, such as typhus and typhoid fever, diphtheria, phthisis pulmonalis, and puerperal septicæmia. During the progress of these affections, often a marked benefit may be derived by a prompt and judicious application of vinous or alcoholic stimuli—the former to be preferred, especially in long protracted fevers, in which it is important not to hurry too much the organic actions. Whenever there are signs of great prostration, with feeble action of the heart and pulse, and a comatose condition, along with a dry red tongue and hot skin, or septic or uremic poisoning of the blood has occurred, the life of the patient may be saved by the administration of brandy or milk-punch. They act as stimulants and antiseptics. Under such circumstances, rubbing the limbs or body with spirit, as whiskey, will tend to rouse the vital powers, and avert the tendency also to death by asthenia. Alcohol in some form is especially demanded when hemorrhage occurs after parturition or from a dangerous wound or nervous shock by accidents. Captain DeLong, the gallant though ill-fated Arctic explorer, in the last items of his diary, states that alcohol in small quantities appeared to appease the intolerable craving of the stomach for food, during the period he and his noble companions were dying by inches from starvation and cold.

According to the principles of sound physiology, as well as of pathology, the practice of the free administration of alcoholic stimulants for the cure of acute inflammation of the lungs, rheumatism, etc., recommended by Robert Bentley Todd, M. D., in his clinical lectures on certain acute diseases, is not generally accepted by the profession in England or in this country. Within the past decade, there have been ardent advocates for the whiskey cure of phthisis pulmonalis and pneumonia. The effect of the remedy does doubtless retard the destructive processes induced by tubercles and subsequent disintegration and ulceration, though the suggestion has contributed to add to the scores of dipsomaniacs and inebriates. It may be asserted that alcohol exerts a pernicious influence in many instances upon the heart and arteries. The heart's action is not increased under its influence, but positive alterations in the structure of the blood vessels take place. In some examples, we find the movements of the heart permanently quickened, and the blood is therefore driven more forcibly to the brain, while the coats of the arteries, having lost their elasticity by thickening, thinning, or ulceration of their substance, are more readily ruptured by this forcible current, and hence the tendency to hemorrhage in the brain is vastly increased. In some constitutions,

speedy impairment of the cerebral functions and apoplexy occur under such circumstances. The toxicant effect of alcohol is most clearly exhibited in cases of delirium tremens and mania-a-potu. Though we have no antidote to so subtle a poison, an effort can be made to restore the secretions, and by warding off dangerous complications, may thus prove to be remedial, and contribute to the elimination of the poison from the system. The use of alcoholic stimulants during the early period of life, as practiced by the habitual tippler, causes, without doubt, serious functional and organic disease of the secretory organs, and especially of the kidneys. Dr. Bright, who first described acute nephritis, accompanied by granular degeneration, specifies intemperance to be one of the causes of this common and serious affection. Among confirmed inebriates, the organs of the body undergo physical changes tending to the perversion of their function. Thus the origin of alcoholic phthisis, of cirrhosis of the liver, disease of the membranes and substance of the brain and spinal cord and heart, and of those varied modifications of organic parts which the anatomist soon learns to observe as the devastations incident to alcoholic indulgence. The annual reports of the various hospitals for the insane in the United States ascribe intemperance as a cause of insanity second only to ill-health and pecuniary and domestic difficulties. One-third of the inmates admitted to such institutions, and in the proportion of 243, 194, and 117 to 1,000, have reduced themselves to a condition of "non compos mentis" by the use of ardent spirits. In the penitentiary of Ohio, 90 per cent. of the convicts who had been inebriates and had committed crimes, were subjected to imprisonment as the penalty; those who have charge of the young of feeble minds assert that children who have been conceived at the time the father was partially intoxicated are pretty sure to be either idiotic, epileptic, or to be feeble-minded and of irritable and nervous temperaments. How horrible the reflection that the idiotic boy or the tortured girl owe their wretchedness to the self-indulgence of the parent! It has been truly asserted that not only does such indulgence affect the health, morals, and intelligence of the offspring, but that the latter inherit the fatal tendency, and feel a craving for the very beverages which have poisoned the fountain of life, physical and moral, of the parent. Modern preventive medicine has assumed inebriety to be classed among the diseases to which man is liable, and philanthropists of every clime have founded hospitals for the relief and cure of the dipsomaniac.

In view of the fact that hundreds and even thousands of the human family perish annually from the use and effects of alcohol as a beverage and medicine, the physicians of the country, bound by the law of the code of medical ethics to warn the public of matters connected with hygiene and appertaining to their welfare, have a dread responsibility in the exercise of their authority, by example, and also by observance of strict caution as to the prescription of alcoholic stimuli—should seek to stay the destructive plague of intemperance, so often the result of the injudicious prescription of this class of stimulants. A substitute for them is found in the fluid extracts, rather than the tinctures and so-called elixirs, as recommended by Dr. Warren, of Boston. The druggists are alike responsible, since it is well known that quite a number of this class have amassed large fortunes by retailing drugs in minute forms, presented for sale and exhibited as specimens of elixirs, whose most potent ingredient is alcohol and wine —thereby increasing the public taste for stimulants. In this way has also occurred the abuse of the ethers and of chloroform. Corrupt politicians, and even the judiciary, for greed of gain and revenue, also encourage the use of alcohol; and for many years the liquor traffickers have in this and other lands controlled and shaped the legislation in Congress and in the Legislatures to complete the demoralization of society.

Finally, it should never be forgotten that alcohol, like other potent drugs, is accumulative in the system, and the effects of its excessive and habitual administration and use will ultimately expose the individual to become a confirmed inebriate.

Professor N. S. Davis, editor of the Chicago *Medical Examiner*, commenting on the fact that three hundred physicians of the city of London have lately declared the opinion that the prescription of alcoholic liquids by medical men often gives rise to the formation of intemperate habits in the patient, adds that "the medical profession are largely responsible for the evils resulting from the use of alcoholic drinks, and that the neglect to limit their use as to time and quantity is often the direct means of creating an appetite that has led many to the drunkard's goal. The custom also of speaking of such drinks as restoratives, supporting and stimulant, has impressed erroneous ideas upon the public mind; hence often no amount either of moral or legal suasion will stop the drinking customs of society, until our profession reverses its teachings and thoroughly revises its practices in regard to these agents."

In his learned treatise, "The Principles of Human Physiology," Dr. Carpenter declares:

1st. That alcoholic preparations cannot answer any of the important purposes for which the use of water is required in the system.

2d. That they do not supply anything which is essential to the due nutrition of the body.

3d. They are incapable of transformation into albuminous or fatty compounds, their alimentary value consisting merely in the power of contributing to the production of heat, though on chemical grounds, in this respect, they are inferior to fat—a fact proved by the experience of the late Dr. Kane and other Arctic explorers.

And lastly, the author asserts their action on the living body is essentially that of a stimulus increasing the vital activity of the nervo-muscular apparatus, but being followed by a corresponding depression of power, and dangerous to be used habitually.

In conclusion, it may be added that in an important paper read before the late British Medical Association at Worcester, Dr. Norman Kerr presented statistics showing all the deaths in his own practice due, either directly or indirectly, to alcoholic causes; and after carefully sifting the cases, he applied the result to the whole number of medical practitioners in Great Britain. He thus calculated that 40,500 persons died annually in that country from personal intemperance. Compared with this statement, the returns of twenty colleagues, engaged principally among the middle classes, and not including hospital or workhouse cases, show a grand total of deaths wholly due to alcohol of 54,453 for 1880.

ABSCESS AND STRICTURE OF THE ŒSOPHAGUS.

BY J. H. VOIGT, M. D.,
Of Fredonia, Wisconsin.

Late in the evening of October 25, 1882, a young German woman was brought to me, a distance of fourteen miles. She was delicate and pale looking, and stated that she had not been able to eat anything for the last two days, and if she would try to eat, that it felt as if the food did not reach the stomach, and would regurgitate immediately. She stated further that she was very hungry, but perfectly well otherwise. I offered her a drink of water, which she readily swallowed, but it was immediately thrown up.

On inquiring into the cause, she related that during the first part of her first and only pregnancy she had suffered from excessive vomiting, and at the end of the fourth month, during a prolonged painful spell of vomiting, felt suddenly something give way just above the stomach, after which some blood was thrown up, but not much. Soon after she experienced that she was unable to eat solid food, and was therefore obliged to live on soups until her confinement, April 20, 1882. During the following two weeks she could again eat a little bread and some fine-chewed meat; after which she had to live on soups again, until the 23d of November, 1882, at supper-time, when she was unable to keep anything down, not even water. She said that she only had pain when she tried to swallow solid food, when she would feel it in the back and right behind the ensiform cartilage. She had consulted several physicians, but her œsophagus was never examined, and they had prescribed for her pills or gargles, probably taking her trouble to be of hysteric origin.

I found her temperature a little below normal, and a quick small pulse, but no other evidence of a disease, and came, therefore, to the conclusion that I had to deal with stricture of the œsophagus, caused by excessive vomiting; the spasmodic contractions having probably torn the mucous from the muscular coat of the œsophagus right above the cardia; the resulting cicatrix having formed the stricture. I now tried to enter the stomach with a stomach tube, which went down readily until a little above the cardia, where it was arrested, and no allowable force could pass it further; the pressing also caused a little pain. I then took smaller instruments, until I came down to a No. 4 Engl. catheter, with its conductor nearly bent straight, which passed with some difficulty. I left it in situ about two minutes, and after withdrawing, I offered the patient a glass of new milk with an egg and two tablespoonfuls of brandy, of which she could take about one-third, taking one mouthful after another; the rest regurgitated, but she felt very much refreshed, and I told her that she had to stay in the place, and must come twice a day to my office, when I would dilate the stricture, to which she consented. The first nine days I passed the stricture twice a day with the No. 4 catheter, but was unable to pass a high number; the patient swallowed liquids with difficulty, and always regurgitated a portion. Then came two long days, when I could not make anything pass the stricture, and my patient could not even swallow water. She had for a few days already complained of horripilations and flushes of heat, and her tongue became covered with a thick brownish coat; all these symptoms now increased;

she had also thirst, an elevated temperature and a very quick pulse; it was, in short, almost a typhoid condition. On the third morning I thought seriously of making a gastric fistula, when I could again pass a No. I catheter; after which the patient drank a little milk. The same evening I passed a No. 2 catheter, and the next morning a No. 4, which, on withdrawing, was half filled with very offensive thin pus.

This event at once gave a different aspect to the case. I had not only to deal with a stricture, but there also was an abscess of the œsophagus. After this, I could rapidly go to the largest size catheter, which I now always filled with iodoform vaseline, and emptied the same at about the seat of the abscess. All bad symptoms gradually disappeared, and the fifth day no more pus was found in the catheter. The sixth morning I passed a small-sized œsophagus bougie; my patient could now eat thick soup and gruel, and somewhat satisfy her great appetite. Every two days I increased the size of the bougie, passing it twice a day; her capacity for swallowing increased in proportion, until at the end of the fourth week of her stay, when I had passed a $\frac{7}{16}$-inch bougie quite easy for four days, she could almost eat anything. She had to go home then, and I told her to return after four weeks. My patient did not return until January 5, 1883, robust and healthy-looking, stating that she had been well ever since she left, and only when she would eat and swallow fast it would feel as if the food did not pass into the stomach right away, and would sometimes come back; she then also would feel a little pain at the old place. I passed at once the $\frac{7}{16}$-inch bougie, which passed with some tightness, and my stomach tube, with $\frac{1}{2}$-inch olive, did not pass. I therefore kept the patient and introduced the large bougie twice a day for five days, always leaving it in a few minutes, when the $\frac{1}{2}$-inch stomach tube passed; with this I continued three days longer, after which it passed very easily. She could eat now without difficulty, and had increased twenty-six pounds in weight. The patient went home now, and I told her to return when she should have trouble in swallowing again.

In this case the mucous membrane had probably received a small rent during the prolonged attack of vomiting, as there was but little blood lost, but was evidently freely torn from the muscular coat; the rent in the mucous membrane had soon healed, forming a small stricture and leaving a cavity between the mucous and muscular coat, where the cellular tissue formed a good soil for an abscess. Probably this case will remain cured, as the abscess seemed perfectly healed, and the stricture was small. What part the iodoform vaseline played in the healing process of the abscess, I do not know; but certainly did the daily dilatation by bougies aid in so far as it effectually evacuated the abscess and smoothed out the mucous membrane.

SOME DELUSIONS REGARDING THE OYSTER.

BY CHARLES L. DANA, M. D.,

Of New York City.

The oyster does not present a very lofty theme, and I venture to apologize first for calling attention to it at the present length.

Mr. Herbert Spencer, in his address upon America, made no reference to this interesting animal, and we are left to infer that it has no importance in American society, and no definite relation to the problems of evolution. But one may fairly claim that this is a neglect, and that he went too far in ignoring what is so unobtrusive. For the oyster represents, very typically, that absence from work and worry which should characterize the evolved life toward which Americans are advised to strive. Furthermore, the oyster, besides thus offering us certain valuable ideals, is a very considerable factor in the social life of the "R" months.

With this preamble, I venture to submit some corrections of prevalent errors regarding the mollusk in question.

First. That the oyster digests itself. For several years the statement, quite uncontradicted, has been going the rounds of the press, that the oyster digests itself. I believe that Dr. Wm. Roberts first gave currency to it. The theory is that the oyster has a large liver, which contains a diastase, and that this diastase, in some inscrutable way, digests the whole animal, under suitable conditions. Thus it has become a wide-spread belief that the oyster, taken into the stomach, does, by virtue of its liver, execute a kind of *felo de se*. Such a belief is very consoling when a person is committing midnight indiscretions with *ostrea edulis*, and it is unpleasant to be obliged to dispel it. Yet it is a fact, which the accompanying record of experiments will show, that an oyster has no more self-digestive power than a man. The hepatic disatase referred to has no power except to change glycogen into sugar—a very trivial matter. It cannot even digest the liver tissue. I have kept oysters, previously crushed between the teeth, in water (temperature 100° F.) acidu-

lated, and neutral, for hours, with no resulting digestion whatever. (See experiments iii., iv., v.) I have even dissected out the liver, and given it the best possible chance to eat itself; but neither the mystic diastase nor any other ferment at all affected its succulent autonomy. The oyster does not and cannot digest itself.

Second: That raw oysters are always more digestible than the cooked. I quite admit that the ordinary stew is less digestible than the plate of raw oysters. The stew generally contains milk, butter, and a larger number of oysters, all of which complicates the question. Half a dozen oysters, however, roasted* in the shell, or simply boiled a short time, will be digested nearly if not quite as rapidly as the same number of raw (See exper. i., ii.) Cooking coagulates the albumen, but coagulated albumen may be more digestible than raw. Thus the the white of an egg, unless thoroughly beaten, is slowly digested, and similarly, raw beef has to be finely minced in order to be quickly affected by the gastric juice. Cooking, on the other hand, loosens the tissue binding together the muscular fibrils, and allows the peptic juices to penetrate.

Third. That fermented liquors dissolve or digest the oyster. Currency has been given in the REPORTER and many other journals to the following highly instructive tale: Rev. Dr. Houghton, of Dublin, clergyman, physician and physiologist, was sitting with a friend at a restaurant. Raw oysters had been brought them. Believing, however, that it is proper *desipere in loco*, Dr. Houghton's friend ordered brandy; he himself ordered ale. Wishing to demonstrate the wisdom of his choice and the beauty of physiological processes, Dr. Houghton poured some brandy into one glass, and ale into another, and then dropped an oyster into each. The oyster in the brandy grew hard and shrivelled; that in the ale gradually melted away into a diffusible invisible solution. *Moral:* Drink ale with oysters.

Now Dr. Houghton's name and authority have great weight. I doubt if the incident related really occurred, yet it is widely circulated and credited. But it is quito as well, if one is bound to have bad and bibulous habits, to put them upon as near as possible a physiological basis. Therefore I venture to deny the possibility and accuracy of Dr. Houghton's alleged experiment, at least as regards American oysters. These grow hard in ale or beer, instead of dissolving. (Experiment vi.)

When any one becomes so dissolute, therefore, as to drink fermented liquors with his oysters, he should not allow his habits to be confirmed by a false confidence in the potency of malt diastase.

The following is a brief record of experiments made:

Oyster.	*Test Solution.*	*Temp.*	*Dura'n of exp.*	*Result.*
I. Raw, masticated.	Aquæ, ℥ iij. HCl. 1 per ct. Pepsin (pure) gr. v.	100° F. to 110° F.	3½ hours.	Almost dissolved. Fine fragments and a piece of adduct or muscle left.
II. Boiled for 30 seconds.	Same solution as above.	As above.	As above.	About same result. Possible a few more fine fragments.
III. Raw, masticated.	Aquæ, ℥ iij.	As above.	As above.	Little, if any apparent change. Liver not affected.
IV. Raw, masticated.	Aquæ, ℥ iij. Sodæ bicarb, gr. x.	As above.	As above.	Same result apparently as in III.
V. Raw, masticated.	Aquæ, ℥ iij. HCl., 1per ct.	As above.	As above.	Oyster tissue much softened; liver nearly gone.
VI. Raw, cut into once to expose liver.	Beer, ℥ viij.	As above.	4 hours.	Oyster hardened; liver not appreciably affected
VII. Raw cut into once as above.	Aquæ, ℥ ijss. Brandy, ℥ ss. or 6 per ct.	As above.	4 hours.	Oyster tissue a little softer.

*Beaumont found the difference in his single case to be only 20 minutes.

DRAINAGE AND THE DOCTORS.

BY C. C. VANDERBECK, M. D., PH. D.,
Of Philadelphia.

In a conversation with a plumber a few days ago, he suddenly exclaimed, "What in the —— does a doctor know about plumbing?" This started up some reflections, which I beg you to present to the attention of your readers.

Certainly there is a new spirit hovering over the land — reform, breathing encouragement to workers in politics, reviving energy in the ranks.

of sanitary folk, manifesting itself in the demands for purity in office, in the regard hygiene is receiving, in the sturdy efforts to prevent disease by sanitation, through the teachings of the press and platform, and through the efforts of legislation. When corruption rules the land, the "*dear people*" is simply a political war-cry; when the people are truly represented, their needs are listened to and acted upon.

The plumber's query is one doubtless asked or *thought* by very many of them in these days. They are being considerably stirred up throughout the country generally, and because the doctor has told the citizens and the law-makers what he knows about the contemptibly poor, almost criminal plumbing that has been done for years and years. We may not be able to make a joint secundum artem, but we can tell when it is not made properly. The study of sewer-gas poisoning came not from the plumber's craft, but from the medical profession. We know a great deal about plumbing, my friend, and we propose to know more, and we intend to make bad plumbing illegal and good work compulsory.

Let us see what this movement towards *Sanitary House Drainage* may be. Among the many needs of the people, as pure water, clean streets, quarantine of syphilis, pure air and food, etc., there is a most urgent one—both in city, town, and country—both in the palatial mansion of the rich and the farmer's homestead—proper house drainage. At last it is assuming some shape whereby we can be protected from bad drainage by law. Laws regulating plumbing have been passed in New York, Brooklyn, Boston and other cities, and now Philadelphia, at last—but better late than never—proposes to fall in line.

As long ago as May 28, 1879, a bill passed the House of Representatives of the United States, by the decisive vote of 64 to 19, authorizing the appointment of an inspector of plumbing in and for the District of Columbia, and to regulate the plumbing work done in the District. While it possessed the objectionable feature of creating a new office, it certainly was tending in the right direction.

Last year Dr. Benj. Lee tried to secure a general State law for Pennsylvania regulating plumbing, but it failed at that time. He asks for the influence of doctors generally throughout the State, and in fact of other States, to secure finally a law similar to the following:

An act to establish the office of inspector of plumbing and drainage in certain cities and towns in the Commonwealth of Pennsylvania.

SEC. I. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same:* That there shall be appointed by the city councils, town burgesses or other legislative body, of every city, town, borough, or municipality, in this Commonwealth, which is provided with water-works or a system of sewerage, or both, on recommendation of the health officer, or where such officer does not exist, of the board of health, or where such board does not exist, of the chairman of said municipal legislative body, an inspector of plumbing and drainage for such city, town, borough, or municipality, whose duty it shall be, under the direction of the health officer, or such other officer or body as is herein above provided for, to inspect the connections of the drain-pipes of all buildings with the common sewers or with cess-pools, and the condition of the plumbing work in all houses in which cases of disease attributable to sewer-gas poisoning have occurred, or the owners or occupants of which are desirous of having such inspection made. And that from and after the appointment of such inspector no new dwelling or building shall be allowed to be occupied for any purpose whatsoever, until the said inspector shall have decided after due examination that its plumbing and drainage are perfectly secure, and shall have furnished a certificate attesting the same.

SEC. II. In all cases in which said inspector shall report that defects in plumbing or drainage or sewer ventilation exist, it is hereby made the duty of the officer or body under whose direction the inspection was instituted, to enforce such regulations in regard to said defects as shall insure their complete correction. And any person who shall neglect or refuse to comply with the requirements of said regulations shall be punishable by a fine of from twenty-five to two hundred dollars for each and every such offence, or in default of payment of fine to imprisonment for thirty days.

SEC. III. This act shall go into effect immediately after its passage.

SEC. IV. All laws or parts of laws inconsistent herewith shall be and are hereby repealed.

Dr. Lee, in his address before the State Medical Society of 1880, when urging the appointment of a committee to memorialize the Legislature, summed up his reasons as follows:

First. That much defective plumbing and drainage exists in the city of Philadelphia, even in houses which are handsomely built, of pretentious exterior, renting at high figures, and warranted by both contractors and agents to be perfectly secure in these respects.

Second. That many of our plumbers are imperfectly educated in their art, and entirely incapable of detecting faults of plumbing and drainage.

Third. That typhoid fever or typhoidal diseases existing in this city have been directly traced to defective drainage and plumbing as their cause.

Let us now see if we can discover why the plumber should taunt us with lack of knowledge of plumbing. He did not mean alone the mechanical part, but he did not see that the doctor had anything to do with sanitary plumbing.

First. It is true sanitary science is receiving more and more attention from the medical profession, but still it is a fact that it is given over too much to other set of men. The plumber and architect know this. They find that the average medical man grades his ability and standing from a therapeutic standpoint. This same doctor feels that hygiene is yet undeveloped—rather belongs to a funny set of physicians, a little inclined to "a screw loose," etc. Is it not so? Thus we allow the honor of disease prevention to be secured by another class of men. Preventive medicine is the grand medical field of the future. There is as much honor in teaching the world how to escape the pangs of pain and the miseries of a sickroom as to introduce a new and doubtful remedy gathered from—the shade of Hippocrotes only knows where. Still, progress moves onward, and it is becoming no rare thing to see a prominent medical man also a noted sanitarian. Hygiene is no longer synonymous with starve-you-to-death mountain homes. You can be a doctor of the first water and a sanitary man without a sneer—without a stigma. Such is fashion! Yes, and such is progress!

The medical fraternity is looked up to as the protector of public and individual health. Each member of it should feel it his bounden duty to promulgate the laws of health, and earnestly to plan out systems of disease prevention. Hippocrates did not despise health laws—his works abound with hygienic suggestions and treatments. Doctors as a rule are large-hearted and unselfish, curing disease as quickly as possible. Their slowness to act in sanitary matters is due to thoughtlessness and the cares of active professional life. It is hard to conceive of such a monster who would not stay the progress of disease if he could—who would chuckle over the advances of an epidemic—who can bear to hear the cry of pain and anguish. From the one who enters medicine *only* as a field of easy money-making, hygiene no doubt will get a cold shoulder. We must make money — we must live and educate our children as well as any professional men—but let us increase our income by decreasing the number of doctors "ground out" each spring, and not by retarding the progress of the noble science of hygiene.

Looking at this matter squarely and honestly, medical brother, what profession or set of men know the most about sanitary science? We are allowing a craft of workmen to demand of us what we know about hygiene. We are having the offices of inspectors of drains, sewers, plumbing, and other sanitary matters, placed in the hands of men outside of our profession. We are supposed to be givers of medicine. We are called doctors of medicine, and the populace associates the word "medicine" with its limited significance—drugs. It is too bad that doctors are not more of politicians—for more than one reason. We could accomplish more for public weal before our legislative bodies, and we could secure some of the positions honestly due us. Well, at any rate, it is high time that we do not allow our sanitary knowledge to be of such a low type and of such a pacific style that we must permit a plumber or any other artisan to reproach us with "What in the —— does a doctor know about plumbing?" It is true, we must not dictate to a practical, skilled mechanic the character of work which he should know best about; but as to the best methods of preventing the ingress of sewer-gas—of ventilation of drains, trap sewers—or in toto, the relation of house drainage to health—we do propose to know something, and demand our rights to be heard along with the plumber and architect.

I sometimes feel as if we were not yet fully aroused to the dangers of sewer-gas. The rural doctor passes it by as a subject alone interesting the citizen, and the city physician thinks it is a bugbear—a cry of the trades—a scare. If these medical brothers will spend one week's spare time in reading up fully on the subject, they certainly will have to agree that it is the great question of the day. The sewer-gas question means pure water—pure air—pure food. It means safety on the farm—in village, city, and at the seaside. It means that diphtheria, typhoid, etc., can be better controlled.

Dr. Lee, in a late essay, sums up the effects of sewer-gas as follows:

"It is a remarkable—to my mind almost an inexplicable—fact, that members of the profession are still to be found in this county and city who deny the noxious character of sewer-gas and cesspool emanations."

In Europe, where experience on this question has been more extended, no doubts now remain.

Dr. J. Brown, Medical Officer of Health to the Bocup Local Board of London, has been able to trace directly and unquestionably to sewer-gas poisoning, cases of the following affections:

1. Submaxillary abscess and enlarged cervical glands.
2. Cervical abscesses.
3. Axillary abscess, with summer diarrhœa.
4. Inguinal abscess, with summer diarrhœa.
5. Facial abscess.

6. Pelvic abscess, with summer diarrhœa.
7. Multiple abscess.
8. Temporal abscess.
9. Typhoid fever.
10. Diphtheria.
11. Puerperal septicæmia.
12. Summer diarrhœa.

Those of you interested in these matters—and this is the object of my communication, to stimulate interest in hygiene—will not be able to find much of your material in classic volumes of medicine. You must seek from the various State and local health boards their reports. You must watch closely for the monographs that are noticed in your medical journals, and send for them. By the way, this is one grand object of your medical journal, keeping you fully abreast of the times. Very few works of sanitary science are published by the regular medical book houses. You will find more in the catalogues of some general scientific publisher.

Finally, I am thankful that I am writing in a journal upon whose circulation the sun never sets. I appeal not alone to Philadelphia and local doctors, but to the profession scattered over the four quarters of the earth, simply suggesting to them the claims of sanitary science, and the need of drainage even in the village—even on the farm. Take the town of 1,000 people, and what system of cleanliness have you? A mass of reeking cesspools, privies cleaned only at haphazard, wells and cess-pools near by each other, and no end to the cases of typhoid, diphtheria, sore throat—and you wonder why these should be diseases of the country! Filth is at the bottom of most of these, and it is your duty to aid cleanliness now by legislation.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Asthma.

Patient's name is Chas. V. Age 39. A German by birth. Occupation, a book-seller. Physically, of medium height, large frame, and heavy. Complexion light, with blue eyes, and thin sandy hair and beard.

History.—His father, he says, died suddenly, at the age of 68, of heart disease and the rupture of a blood-vessel, which was probably an aneurism or apoplexy; and he had always suffered from hemicrania. His mother is still living, but is very nervous and subject to frequent hysterical attacks. The patient was the fifth one of nine children. Up to within the last four years he was accustomed to drink a good deal of beer, but since then he has been more moderate. He has also used tobacco to excess. Except for a chancre seventeen years ago, he was never sick before he came to the United States. He lived in St. Louis until the last year and a half, and while there he had his first attack of rheumatism, which lasted three months. Last winter he had a second attack in the knees. Last June he was employed as a book-seller in a publishing house in this city, where the air was impure and damp, and the ventilation was poor. At this time he began to lose his appetite, and he found that his nose itched and his eyes became dry, and he sneezed frequently. Soon he noticed that he coughed and became short of breath on exertion, and he expectorated large quantities of frothy mucus. Before long he noticed that these attacks of asthma occurred only in the morning after breakfast, and at about eight o'clock; and that they recurred at the same time every day while he remained in that building. He was not troubled with dyspnœa at all during the rest of the day. But soon the attacks became more frequent and violent, so that he was obliged to give up his work. He found then that in pure air he was almost free from dyspnœa. For several years before this he had been somewhat short of breath, but he had never had any other nervous trouble. Last Friday a severe attack of asthma came on, which he found that smoking cigarettes, his usual remedy, did not relieve. So on Saturday he came to the hospital for treatment.

Remarks.—Gentlemen, the first step at the bedside is to get the past history of the patient and his family, if possible. If he is intelligent, he will tell you this clearly himself; but if he is not, it will be necessary to elicit it by questioning him. This you will sometimes find to be a difficult process, and you will have frequent opportunities for observing the different degrees of perspicuity in the minds of patients, from their ability to make a clear statement of facts. You will therefore have to examine and cross-examine them, and learn all you can besides, from their friends. It is necessary to make yourselves familiar with the subjective phenomena of disease as well as the objective, which you can observe for yourself; and the subjective history often includes the history of the patient's family—for every individual is a link in a very long family chain, and many of the diseases, which will fall under our observation, have an important hereditary history. You will also find, on studying the history of diseases, that there are certain correlative affections which though apparently different, are connected together by a common cause, and manifest themselves in one form or another in succeeding generations. The history of this patient, therefore, opens with two very important facts, viz.: that the father died suddenly from apoplexy or heart disease, and had previously been subject to hemicrania, while the mother, still alive, is nervous and hysterical. These two ancestral conditions bear directly on this man's nervous trouble.

Having now completed the subjective history, we come to the objective examination of the patient. As you see him at present, he does not present the favorable conditions for study that he

did when I first saw him, soon after his admission into the hospital. He was then suffering from an asthmatic paroxysm, and I found him sitting up with great orthopnœa, his lips and cheeks swollen and puffed out, and he had great distress in breathing. Dyspnœa was the most prominent objective symptom, and you would all have said, it was evident that his trouble was located in the chest. For those who have had little experience in diagnosis, the reason why it is so difficult for him to get air enough can only be ascertained by making a physical examination.

Inspection.—Place the patient first on his back, or in that position which will be most favorable for inspection—and so also for all other physical examinations. Observe now that his face is congested, his eyes prominent, and his lips distended, and his breathing is difficult and labored. On sitting up he is more comfortable, and you see that his breathing is mostly done by the diaphragm and the abdominal muscles. The chest moves symmetrically on both sides. I suppose you all know the possible causes for dyspnœa. If you do not, you should look them up, and carefully study dyspnœa as a symptom. As the patient breathes, the forcible exit of the air from his mouth is plainly audible. He coughs frequently, and expectorates large quantities of a light greenish, frothy sputa.

Palpation.—First, I place my hands over the anterior and upper part of the chest, and now I can easily appreciate the symmetry or want of symmetry in the expansive movements of the two sides. I find them symmetrical in this case. Now I place my hands on the sides of the chest, and on his taking a full breath I get a symmetrical motion.

I will next examine the chest, to find out whether or not the density of the lungs on the two sides is at all modified. To appreciate this or any other pathological fact, we must know the action of the organ in health. The object of percussion is to see if there is any difference in the density of the lungs on the opposite sides of the chest, or in different portions of the same side. Percussion may be either mediate or immediate, and there is a right and a wrong way of performing both. Cultivate delicacy of touch, and do not "thump a thorax." Forcible percussion is sometimes necessary, but this does not mean that you must pound the patient with your fist. Delicate percussion is as a rule, I think, more useful than heavy. Mediate percussion consists in striking upon some medium placed over the region to be examined. Immediate is applied directly upon the surface of the body. The mediate method is the most common. The medium percussed is ordinarily the finger of the examiner, though many are accustomed to use a pleximeter of hard rubber or other material, and this is tapped upon with a hammer or the finger. The fingers are preferable, because they dispense with the necessity of carrying around so many unnecessary instruments, and the results obtained are perfectly satisfactory. It is a good plan to place the patient against a door or other object which acts as a sounding-board, and intensifies the effects of the percussing. This we cannot do in this case.

Percussion.—First, by the mediate method, the resonance is found to be about normal and symmetrical on both sides of the chest in front. The same conditions prevail behind, with a slight difference in favor of increased resonance on the right side. Percussion under the axillæ gives the same result. There is no apparent difference then in the two lungs as regards density, by mediate percussion.

Immediate percussion, by slapping the back with the palm of the hand, elicits likewise no variation of sound on the two sides. Where the patient is very fat or the muscles unusually large considerable force is necessary, but delicate percussion usually answers every purpose.

It still remains to examine the patient's breathing, by the ear. And this, too, may be done either immediately or mediately. The mediate method is by the use of the stethoscope, and the immediate is by the direct application of the ear. It is better to cultivate the latter method first. But many students begin at once to use the stethoscope. The most information is obtained by the direct application of the ear. And this is the best method for examining the lungs; but, in examining for heart disease, the stethoscope is indispensable, for by it small localized areas may be more accurately examined, as it shuts off neighboring sounds.

Auscultation.—On applying my ear in front, over the right chest, I hear no clear respiratory murmur, but there is a complete absence of the inspiratory sound, and it is as if the time of inspiration was represented by zero. I hear no air entering the lungs. The expiratory sound is slow, and prolonged, and feeble. If I were to listen behind, I would probably hear the air entering the lungs, and the coarse whistling rales characteristic of asthma; and, at the base of the lungs, coarse moist rales associated with dry sibilant rales.

As the result of our examination, we conclude that this is undoubtedly a case of asthma. But the question arises next, is it simply uncomplicated asthma? On account of the large amount of his expectoration in the twenty-four hours, and from his constant cough, and the presence of moist rales, we conclude that he has a bronchial catarrh added to his asthma.

This catarrh is probably located in the large ramifications of the bronchial tubes. The man's distress of breathing is not as great as when the action of the lungs is interfered with by a catarrhal process in the minute ramifications of the bronchial tubes. There is no collapse of the air-cells, but the air is freely admitted to them; and there is a little emphysema, shown by the slightly increased resonance of the chest. And in this connection, if you do not know what emphysema is, and all about it, find out, and see how many varieties there are, and their cause and symptoms. I have often thought that it would be a good thing for the student, if a course of lectures were given on the symptoms of disease, rather than on diseases themselves. Lectures on the prominent symptoms in a great variety of diseases, would form a very valuable part of any didactic course of lectures, in our medical colleges.

As we have seen, then, the physical examination of this man shows that he is suffering from asthma, which is a spasmodic affection of the muscles of the bronchial tubes; and as complications,

he has bronchial catarrh, and slight emphysema.

This does not complete all the interesting points in this case, but it is all that we have time to consider to-day. I may call your attention to this case again, at our next meeting, in the hospital wards, and then I will bring out some additional points concerning asthma.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, January 11th, 1883. The President, Dr. Tyson, in the chair.

Condylomatous Tumor of the Labium.

Exhibited by Dr. Nancrede for Dr. C. M. Seltzer.

Mrs. ——— contracted syphilis nine years ago from her first husband. Has had specific treatment at intervals, but never prolonged beyond a few weeks each time. Condylomata and ulcerations around the vulva, anus, and perineal region were first noticed about three years ago. She first came under my observation and treatment June 1, 1882, at which time symptoms of her disease were very pronounced, such as cachexia, nervousness, nocturnal headache, ulcers on various portions of the body, numerous condylomata, of which the specimen exhibited was the largest, being a cauliflower-like excrescence springing from the left labium majorem, having a pedicle about 2½ inches broad. The clitoris was hypertrophied, forming a knob one inch in diameter. There was urinary incontinence, and consequently severe excoriations of the external genitals. Potass. iod. and hydrarg. bichlorid. were given, upon which there was pronounced systemic improvement. Local treatment failed to remove the condylomata, hence on the 13th of November, two double ligatures were passed through the pedicle of the largest, so as to divide it into three parts; then tied tightly and the mass removed, and the stump cauterized with nitric acid. The clitoris was so sensitive, even under profound anæsthesia, that it was thought best not to remove it. The patient made a good recovery in 10 days, including the cure of the urinary incontinence. Her second husband, to whom she has been married about six years, has no evidence of having syphilis. Her only child by her first husband has stricture of the rectum and obstinate fissure of the anus—improvement of which only began upon the recognition of their specific origin, and the consequent line of treatment.

Dr. Nancrede suggested the reference of this specimen to the Committee on Morbid Growths, since two somewhat similar specimens had been presented by Drs. Formad and Baer, which were myxomatous fibromata, although not due, as in the present instance, to the irritation of some sore or abrasion by the discharges, etc., in a syphilitic, yet probably their histological structure was identical.

Small Tumor of the Head of the Pancreas.

Presented by Dr. E. T. Bruen.

The mass here exhibited occupies the head of the pancreas, and is about as large as a pullet's egg, or about two and a half inches in diameter. When removed from the cadaver, it was closely adherent to the common bile-duct. The growth is of a colloid nature, but its histological character is as yet unsettled by microscopic examination. There were no secondary deposits in any other viscera, as is the rule in colloid growths. The patient was a male. æt. about 65 years. For two years prior to date of his death, there had been intermittent attacks of jaundice. This had been attributed to catarrh of the biliary duct, which had developed itself during an attack of malaria. The case was under my care for two months. At first the symptoms of chills and fever led to treatment for malaria; but as the jaundice gradually deepened, treatment for the supposed catarrhal state of the bile-duct was instituted. The futility of a well-directed and usually successful treatment was the special indication of some more substantial cause. Hepatic trouble or biliary calculi were readily excluded in this case, but there was nothing to fasten suspicion on the pancreas. There was constipation, with clay-colored stools. There was a febrile movement of the hectic type—the so-called hepatic fever, accompanied by irregular chills. The intestinal indigestion, so valuable a symptom in many cases of pancreatic disease, was not marked.

Indeed, without exception, the negative results of the clinical record are of the most discouraging character. The case is presented because each case of pancreatic disease ought to be recorded, so that many cases viewed collectively may contribute to the clearness of a future distinct picture of pancreatic disease.

Dr. Formad said that he had now on record the notes of five or six cases of cancer of the pancreas with marked jaundice, where he had made the autopsy. It seemed to him that the jaundice was most persistent in primary pancreatic carcinoma from pressure on the bile-duct. He was present at the autopsy of this case, and did not think that the tumor was carcinomatous, as there would then probably have been secondary growths in the liver. The growth was probably a cystic colloid.

Dr. Bruen would like to call the attention of the Society to the fact that he had about a month ago presented a specimen of carcinoma of the pancreas, and had then referred at length to some forty cases of jaundice due to primary carcinoma of the head of the pancreas, lately reported by another observer. From these records it was demonstrable that jaundice was an invariable symptom of primary hard carcinoma of the head of the pancreas, while it was uncommon when the disease was secondary or affected other parts of the organ.

Diaphragmatic Hernia.

Exhibited by Dr. Jas. Tyson.

The patient from whom these specimens were removed was a German, between 27 and 28 years of age at his death. He first consulted me on June 21, 1880. He had been ailing since February, 1878, and had been unable to work in that time. At the date referred to he was stretching, when his wife suddenly pretended to tickle him. He quickly threw down his arms, and at that moment felt a sensation of "pain on the left side in the neighborhood of the heart." At the same time he felt faint and cold. In five or ten minutes

these sensations passed away, but he remained very much frightened. When he first visited me, he complained of shortness of breath and beating of his heart, although the latter was better when he was quiet. He could not even walk across the floor without becoming completely out of breath, but he said he was not short of breath when the accident first occurred. He had also a peculiar puffing respiration, which did not occur, however, with every act of expiration, but once in four or five. This was so characteristic that one of my friends, to whom I sent him, spoke of him as my "puffing German." There was no cough. Physical examination revealed on inspection almost total absence of movement of the chest wall in the upper half, the respiration being almost purely abdominal. The upper percussion border of the heart corresponded with the junction of the third rib with the sternum, and the right border with the middle of the sternum. The apex beat was in its normal position, but was more diffuse than in a strictly normal state. Pulmonary percussion appeared normal except below the left scapula, where resonance was less than in the corresponding situation in the right side. Vocal fremitus was however impaired over the whole of the left lung. There were no abnormal cardiac murmurs. His pulse was 72 after the examination was over. He was treated at various times with digitalis, bromide of potassium, chloral, tonics, etc., and even a blister was put over his heart, with the view that there was some cardiac or pericardial affection, although the physical signs were wanting. There was no improvement, although at times the dyspnœa, which was the most distressing symptom, seemed somewhat less; but it always interfered with any exercise whatever. He would walk sometimes half a mile with great difficulty. Notwithstanding this, he was encouraged to take exercise. His sleep was unsatisfactory, he would dream and wake up in a great fright. He could always lie upon his left side with more comfort than upon his right. He continued under my observation for a year. I saw him in the latter part of August, 1881, when he seemed a little better. After that I heard nothing of him until I learned of his death, which occurred December 15, 1882, from obstruction.

At the autopsy it was ascertained that about 20 inches of the large intestine, with its corresponding mesentery and almost the whole omentum, had ascended through the œsophageal opening of the diaphragm into the left pleural sac, encroaching upon the space occupied by the left lung, until the latter was compressed into the apex of the left plural sac, and was reduced to a cylindroid mass about 15 centimetres in length and half as many in diameter. There was no hernial sac, the opening being that for the œsophagus. The case would therefore be technically called one of hernia diaphragmatica spuria. The heart was displaced to the right, but was otherwise normal; the liver was slightly fatty; but the other viscera were normal. It is not unlikely at the moment referred to in the history when the patient threw down his arms, that a small portion of the omentum or mesentery slipped through the œsophageal opening, and that subsequently and more or less gradually the vacuum tendency of the pleural sac in each act of respiration caused the remainder of the mass to be drawn in until the entire cavity was occupied. This accounts for the fact that there was no dyspnœa at the beginning, but that it gradually increased as the thoracic space was intruded upon. In vol. 81, 1882, of Virchow's archives, will be found an exhaustive article on diaphragmatic hernia, in which 291 cases are collated. In a somewhat hasty examination of this paper, I have been unable to discover a single case so long under observation as this—nearly four years. Many cases were discovered at the autopsy and had been unsuspected, others were congenital, and others were traumatic. Dr. Formad related some facts confirmatory of the history given by Dr. Tyson. Dr. Bruen asked if there had been any hiccup! If so, was there any dysphagia with solid food? Finally, did the physical signs suggest pneumothorax? Dr. Roberts made some remarks with reference to the diagnosis and to the possibility of laparotomy in similar cases. He also asked whether the symptoms just preceding death were those of strangulation. Dr. Davis referred to thirst as a prominent symptom according to Lawrence. Dr. Tyson replied that Dr. Formad had told him that there was decided hiccup. There was no true tympany with the absence of the vocal fremitus. Nothing gave rise to any suspicion of its true nature. Thirst was marked. There was no dysphagia.

Ulcer of the Stomach in the Anterior Wall; Adhesions to the Abdominal Wall; Hemorrhages and Pain: Death from Morphia Habit.

Exhibited by J. H. Musser, M. D.

I am indebted to Dr. J. Henry Musser, of Lancaster county, for the privilege of presenting this specimen. I abstract from his notes the following history: I. J., aged 71 years, millwright. Fourteen years before his death he was attended by the doctor for hæmatemesis occurring after three days of nausea. Over a pint of blood was vomited, and considerable was discharged by stool the next day. In ten days he returned to work and enjoyed good health for two years, with the exception of occasional attacks of indigestion. Then a recurrence of nausea, followed by a profuse discharge of blood, per anum, occurred. He made a full recovery, but pain after eating was now noticed. Two years subsequently he bled very much from a wound of the foot, and was much prostrated thereby. This was succeeded by severe pain after eating, with marked epigastric tenderness. The constant use of narcotics alone gave him relief. November, 1873, he was again under Dr. J. Henry Musser's care, and was treated for gastric ulcer without any avail, save when he exhibited narcotics. He resorted to the use of morphia, and continued its use during the remainer of his life. Change of diet did not influence the pain, and he partook of laborers' fare. In 1877, a small tumor to the left of and several inches above the umbilicus, hard, tender and apparently involving the abdominal wall, was discovered. For several years he worked in a country saw-mill, using one drachm of morphia a month. Heavy lifting aggravated his pain. August, 1882, the doctor was again called in, to find the patient confined to bed, much emaciated and with complete anorexia. Death took place three weeks later, during which time he had taken no nourish-

ment, but had used morphia freely. The habit had been acquired, and his friends thought he suffered but little pain. The only anatomical alteration noted at the autopsy was the change in the stomach. The organ was enlarged and contracted (hour-glass) towards its fundus. The anterior wall, one-third of the distance from the fundus, and at the point of constriction, was adherent to the abdominal parietes to the left of the median line, three inches above the umbilicus. Opposite to the point of adhesion in the mucous membrane there was a small ulcer two lines deep and six in diameter, with clean-cut edges, a healthy floor, and surrounded by cicatricial tissue for a radius of one inch. Undoubtedly the ulcer would have healed entirely had not the morphia habit cut off the patient.

Remarks by Dr. J. H. Musser. It is plausible to theorize that the first hemorrhage, taken with the profuse foot hemorrhage, was due to the patient having been of an hemorrhagic diathesis, and that the second gastric hemorrhage was from the same cause, and was attended by a hemorrhagic infarct with subsequent development of the ulcer. Especially is this possible as it was only after the second hemorrhage that pain occurred, and this symptom is never absent, "except in cases which run a rapid course." [Da Costa.]

Dr. Nancrede related the case of a "bleeder" then under his care, a female infant only thirteen months old, where death was imminent from epistaxis.

Dr. Dunn made some remarks on the general subject of hæmophilia and its treatment.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Heart-Puncture and Heart-Suture as Therapeutic Procedures.

BY JOHN B. ROBERTS, M. D.

[Read January 3, 1883.]

It is more than probable that, in a few years, puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart, with intense pulmonary engorgement; and that incision of the pericardium with suture of the heart muscle will be accepted as proper in cardiac wounds. Hence these latest novelties in cardiac surgery deserve the attention of the Fellows of the College.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle and withdrew about 6¼ Troy ounces (200 grams) of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial; and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart (*Bull. de l'Académie de Médecine*, 1875, p. 1276).

In Hulke's case (*Trans. Clinical Society of London*, viii. p. 169), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a drachm of venous blood, after which the patient seemed relieved of dyspnœa. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (*Paracentesis of the Pericardium*, 8vo., Philadelphia, 1880), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dullness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electro-puncture needles could be quite safely introduced into either ventricle, provided they were at once withdrawn (*Medical Times and Gazette*, May, 1873, p. 492 from *Langenbeck's Archiv für Klin. Chirurgie.*)

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benj. F. Westbrook, just published in the *Medical Record* for December 23, 1882, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for the temporary relief of the distressing symptoms of dilated heart, and for the dyspnœa due to the pulmonary engorgement of acute pneumonia. If, however, a few *drachms* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anemia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous, before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace, close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half or two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distension and pulmonary en-

gorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn (*The Surgery of the Pericardium; Annals of Anatomy and Surgery*, December, 1881), in which I advised resection of costal cartilage and incision of the pericardium for removal of foreign bodies in the pericardial sac; and at the same time said: "The time may possibly come when wounds of the heart itself will be treated by pericardial incision, to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed a belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium to allow escape or extraction of the clots which cause pressure and death, but has also undertaken to demonstrate by vivisectal experiments that suture of the heart is a simple operation, and requires but three or four minutes. *Amer. Journal of the Medical Sciences*, January, 1883, p. 276: from *Journal de Méd. de Paris*, October 28, 1882; from *Gaz. Méd. de Strassburg*, October 18, 1882). He finds that opening of the right and left ventricle, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing, he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the researches spoken of in regard to heart-puncture. I regret that as yet I have not been able to consult Dr. Block's original memoir, but I hope at a future time to do so, and perhaps to be able to report some investigations of my own which I desire to make in the same direction.

EDITORIAL DEPARTMENT.

PERISCOPE.

Removal of Uterine Appendages for Arrest of Hemorrhage.

It is now just ten years since Lawson Tait (*British Medical Journal*, Dec. 30, 1882) introduced the operation of the removal of the uterine appendages for the arrest of hemorrhage. At first the ovaries alone were removed, but it was found by experience that the results were more speedy and satisfactory when the tubes were removed. Increased experience, says Tait, has taught me that it is with the tubes that we have chiefly to do, and that the function of menstruation has little or no dependence on the ovaries.

If the tubes are removed and the ovaries left, menstruation may be entirely suspended.

Two cases of bleeding uterine myoma are cited of exactly parallel nature. In the first case, the woman would not consent to the operation. She married in June, and died of hemorrhage in August.

In case second, the patient submitted to removal of the appendages, and made a speedy recovery, regaining perfect health.

The hemorrhage in both these cases was caused by uterine myoma, in each of which it was enucleated with but little amelioration of the symptoms, as the growth soon returned. From a study of these cases we learn that a hemorrhage due to a myoma may be fatal; that the secondary results of enucleating are not gratifying, and also the high primary mortality of the proceeding.

Mr. Lawson Tait has published a series of cases which prove, "That the primary mortality of the removal of the uterine appendages for bleeding myoma is very small, and is limited to those cases already so reduced by loss of blood as to be practically unable to stand any surgical proceeding - that the secondary results of the operation are ex; tremely satisfactory, and are permanent, the arrest of the hemorrhage being followed by the shrinking of the tumor, and in many cases by its complete disappearance."

It is said that this operation deprives a woman of her sexual powers; this is, however, not the case; but granting it to be true, nothing could be more immoral than to refuse to relieve a suffering woman on such a plea.

Another objection to the operation is that it *destroys* the possibility of impregnation; but it strikes us that as the chances of a womb in which there is a myoma being able to contain and nourish a fœtus are infinitely small, the fact of the woman becoming pregnant is placing her life in jeopardy.

Lithotomy in Children, and the Advantages of a Long-Beaked Staff.

Dr. J. Ward Cousins read the following at the last meeting of the British Medical Association. (*Brit. Med. Jour.*) Lateral lithotomy in children with a special modification of the ordinary staff, can be made easier of performance, and many of the common difficulties of young operators can be avoided.

The staff is a modified rectangular staff, with a rounded-off angle, and a long beak, and the point

slightly turned upward. The lateral groove commences half an inch above the angle, and terminates about the same distance from the point. The main peculiarity is the length of the beak, and this varies regularly with the size of the staff.

The Shortness of the Angle permits the instrument to be easily felt, and so assists the operator in making the deep perineal incision. As soon as the angle is exposed, he readily learns by the finger the point of the staff he has reached. When the finger enters the groove, the position is indicated exactly by the part of the nail engaged in it. The point of the finger-nail informs the operator he is on the angle; but, directly the side of the nail is well insinuated in the groove, he can be sure that he has reached the beak, and that a simple movement of the knife will open the bladder.

The Beak is nearly straight, and is fixed at a Right Angle in the Staff.—When the instrument is held firmly in position under the pubic arch, the floor of the bladder is steadily depressed; at the same time the beak is parallel to the rectum, and so protects that organ from injury. The horizontal beak forms a straight guide into the bladder, and a straight movement of the knife in the groove is very readily and safely accomplished.

The Long-Beak.—This part of the staff enters the bladder a little more than an inch, and is kept in contact with the stone. The long-beak affords important advantages, especially in operations upon children; for, during early life, the urethral structures are more soft and delicate, and the bladder is situated high up behind the pubic arch. It is a simple safeguard against one of the most common and painful accidents which occur during lithotomy, as the point cannot be pushed out of the bladder.

Lastly, the long beak renders the introduction of the finger into the bladder over the staff both easy and safe. The upper concave border of the staff is the best guide to the stone in all operations upon children; for not only is the upper wall less prone to shift under the finger, but by gentle pressure in this direction, the bladder is brought down, and its neck very readily dilated. It, moreover, effectually prevents the operator from slipping the finger into the areolar tissue of the recto-vesical space, which has often been mistaken for the interior of the bladder itself.

The Inoculation of Syphilis.

The *Lancet* says: "A few weeks ago we directed the attention of our readers to the interesting observations which have been made in Germany, of the frequent association of bacteria, fairly definite in characters, with the tissue changes produced by syphilis; and we pointed out that the relation between the organisms and the disease cannot be more than probable until culture experiments and inoculations shall have given some positive results. The subject has been further investigated by a French syphilographer, M. Martineau, but it may be doubted whether it has been advanced by his researches. His search for organisms in the blood, chancrous induration, and cutaneous manifestations of the disease, has been fruitless, but another method of procedure has led to results which he regards as more definite. A recently-excised chancre was placed in a closed vessel which had been previously heated to a red heat. A concentrated 'bouillon' was prepared and boiled for about two hours. It was then placed in a flask with a long neck, the temperature was lowered to 30° C., the chancre was introduced, and the neck of the flask was sealed at the lamp. The liquid was found, next day, to contain numerous bacteria of a special form, and a day later some of it was injected into the peritoneal cavity of a pig five months old. In a month seven or eight prominent papules appeared on the abdomen, followed by others. A few days afterwards conjunctivitis appeared in one eye, and a tumor on the penis. For the sake of comparison another pig was inoculated with pus from a syphilitic chancre, with the result of causing an eruption exactly similar to the first. Some bacteria were found in the blood of the second animal, and were injected into a third pig, a goat, and a monkey, but without result, The blood of these animals presented no bacteria. M. Martineau thinks that the cutaneous affection observed on the first two pigs presented the characters of a syphilitic eruption, and he concludes that syphilis is transmissible from man to the pig, but not from it to other animals, nor to other animals from man—a conclusion for which the facts of his experiments certainly give him only the most slender basis. His operations are to be reported on by a committee composed of MM. Bouley, Pasteur, Fournier, and Lancereaux.

Tubercle of the Choroid.

The *Medical Times and Gazette* says: The debate on the relation of tubercle of the choroid to tubercular meningitis at the Ophthalmological Society, was of interest both to ophthalmic surgeons and to physicians. It is not so very many years since the possibility of the recognition of tubercles by the ophthalmoscope was, to say the least of it, doubted. The point that was really in debate was raised by Dr. Warner, viz., is tubercle of the choroid more likely to be found in cases of acute miliary tuberculosis where there is no meningitis than where this is present? The case which he detailed to the Society was an instance in favor of the former hypothesis. It may be said at once that the views of all the speakers tended in the same direction. Now, if it is a fact that choroidal tubercle is rarer in cases with meningitis than without, there must be some good reason for this, and we hope that those who have the opportunities will set to work to discover it. The only explanation which occurs to us is that the deposit of tubercle in the choroid in a case of acute miliary tuberculosis is a late occurrence, and that in the majority of cases of tubercular meningitis the patient dies before the tubercles have had time to appear in the choroid. We do not say we believe this ourselves, but it is a plausible explanation, and it is one which can be verified or not by careful statistics.

To revert to the original question, for ourselves we venture, with all deference to the majority (if not, indeed, to all) of those who took part in the debate, to think that there is no connexion whatever between choroidal tubercle and acute miliary tuberculosis without meningitis; we can see

nothing more than a somewhat unusual coincidence.

Before giving our reasons for this opinion we would make one general remark, that will do away with some of the objections to our views that might be based on the remarks of some of the speakers at the debate. We consider that a negative examination during life, even when made by an ophthalmic surgeon of the utmost skill, is by no means a proof of the non-existence of choroidal tubercle, and we would not accept any statistics relative to their presence or absence that were not based on post-mortem examination. Of course, in cases where a microscopical examination is made, this affords the most conclusive evidence; but we have generally found it sufficient to strip the choroid from the sclerotic, and examine the supposed tubercle from behind, when, if real, it will be found to present the same grey appearance that it shows in the pleura or elsewhere. If we were to leave out of consideration the remarks of Dr. Barlow and Dr. Coupland, we should be led by the rest of the speakers to the belief that tubercle in the choroid was an exceedingly rare occurrence. This we attribute mainly to the fact that they were speaking from a clinical, and not from a pathological point of view.

Developmentally, the choroid is the homologue of the pia mater and the other serous membranes; there can, therefore, be no *à priori* reason why tubercles should not occur there. We all know that tubercles are much more likely to be found at the base of the brain than on the convexity, but we do not know the reason of this; and in the same way we do not know the reasons why tubercles are not found in the choroid in every case; but our own limited experience leads us to believe that they are much more common than is generally supposed. We should say, for instance, that they are decidedly more common in the choroid than on the pericardium. It seems to us that, in the debate, clinical and pathological evidence were mixed up in a manner that was hardly fair, though, of course, quite accidental. Thus, those who spoke of the extreme rarity of choroidal tubercle in tubercular meningitis were referring to clinical experience, whereas those who spoke of choroidal tubercle in general tuberculosis without meningitis were obviously referring to post-mortem evidence. It is hardly necessary to point out what a difference this makes.

Congenital Keratomatous Degeneration of the Epidermis.

At a late meeting of the New York Medical and Surgical Society (*New York Medical Journal and Obstetrical Review*), Dr. G. G. Wheelock showed the body of an infant that had recently been born at the Nursery and Child's Hospital. Labor was protracted, there was inertia uteri, and the House Physician sent for Dr. Wheelock, saying there was an abnormal feeling about the child's head, and it was probable instruments would have to be used. When Dr. Wheelock arrived the woman had been in labor about thirty hours; the cervix was about two-thirds dilated, its tissue being rather thick and œdematous. The head presented, but the position could not be determined. The surface of the head was rough and granular to the touch, and reminded one very much of the feeling of carious bone. There was no hair, and the sutures seemed to be so numerous that their individuality could not be recognized. The head was drawn down to the vulva by the forceps, and delivery was completed with the hand. It was difficult to extract the head, on account of the chafing of its rough surface against the soft parts. At birth the child appeared dead and macerated, and he regarded with surprise the House Physician's statement that an hour before it was alive, and the pulse beating 140 a minute; but in a few moments the child breathed, and continued to live for six hours. On first looking at the child, the appearance of its skin suggested that of an alligator or an armadillo. The epidermis was thick and horny, and, being divided by fissures, seemed to be composed of large and small-sized plates. Between the plates on the abdomen the true skin beneath could be seen as a raw, red surface. The ends of the fingers and toes projected through the horny skin. The condition presented corresponded very closely with that of a similar case reported by Sir J. Y. Simpson, which he called congenital or intra-uterine ichthyosis. Dr. Wheelock, however, thought it might more properly be classed as a keratoma. Simpson had collated eight cases, and a Boston physician had known of three in one family. Four were to be found in recent German literature. In the present case there was ectropion of the upper lid of the right eye; the eyes were normal. Thick skin gave the nose a flattened appearance. The external genitals (the child was a female) appeared to be perfectly formed. It was the mother's first child. At the post-mortem it was found that the lungs could be inflated only partially, and they scarcely floated in water. There were hæmorrhages in various parts of the brain, and quite a large one was found in the posterior part of the left lobe; there was great congestion in both ventricles. The kidneys were normal, except that they were very much congested. The liver, also, was very highly congested. The mother was perfectly healthy, and gave no syphilitic history. The same was true, so far as was known, of the father. It would seem that the condition of the skin determined the blood to the internal organs, all of which were found much congested, and thus caused death. In reply to a question by the President, Dr. Wheelock said that in several of the cases reported by Simpson, life continued fifty or sixty hours, but in none over four days. The President had seen this case with him, and had reminded him that the condition was such as had been described by Simpson.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——As far back as 1870, Dr. Arthur E. Spohn, of Corpus Christi, Texas, used elastic rubber ring tourniquets, and at various times since has brought their advantages to the notice of the

profession through different medical journals. The advantages he has derived from them are so obvious that his experience and methods should be studied by those who would employ this effective and painless means to control hemorrhage. Reprints may be had by applying to him as above.

——Mr. Frederick Treves' essay on "Scrofula and its Gland Diseases," has been reprinted by H. C. Lea's Son & Co., Philadelphia, for the nominal price of ten cents. It is badly printed on poor paper, but has 77 pages, and is of course cheap for the money. But we regret to see a publishing house of this character going into that kind of business.

——The Sanitary Protection Association of Newport, R. I., is an excellent institution, the like of which ought to be organized in every city. This Association examines by its skilled inspectors into the condition of dwelling-houses and their surroundings, and advises concerning the plumbing, heating, ventilation, drainage and water-supply of residences already built or in process of construction. Also, the Association recommends to persons hiring houses or portions of houses, at any season of the year, to ask its certificate that the premises in question are in safe condition for residence. It makes the same recommendation regarding boarding-houses and hotels. Its members obtain all these benefits for only five dollars a year. It also publishes various health tracts, etc., the most recent of which is one on the dangers of impure ice, by Prof. Raphael Pumpelly. These and further particulars may be obtained of the Secretary, Dr. Horatio R. Storer, Newport, R. I.

——The annual address of Dr. Traill Green, of Easton, Penna., before the American Academy of Medicine at its last meeting, has been published in pamphlet form by the Academy, and will be found an interesting and instructive review of the origin and progress of the Academy.

——The National Temperance Society, New York, have republished an address by Dr. W. B. Carpenter on "The Physiology of Alcoholics." It assumes the ultra, teetotal position on the question, and is an able plea for absolute abstinence.

——In several papers published within the last few years, Dr. G. De Gorrequer Griffith considers that he has at last conclusively demonstrated that one poison—one *origo mali*, whatever it may be—will originate scarlet, typhoid and puerperal fevers, diphtheria, sore throats, erysipelas, diarrhœal affections, and many other diseases, the character of the symptoms depending on the idiosyncrasy of the individual, his habits, surroundings, etc. Those who would study his arguments to this effect can probably obtain reprints of his papers by addressing the author, 34 St. George's Square, Belgravia, London.

——Under the title "What shall we do for the Drunkards?" Dr. Orpheus Everts, of Ohio, argues in a pamphlet before us that a prohibitory liquor law is impracticable and unwise, while an *in*hibitory law would be ample and protective. In other words, he would not enact a general sumptuary law because a few people become inebriates, but he would make it easy to segregate by force an inebriate from society. His arguments are timely, and they impress us as sound. (Pp. 51. Cincinnati, Robert Clarke & Co. Price, 50 cents.)

——Godey's *Lady's Book* now enters its fifty-third year, and its annual announcement holds out strong inducements to subscribers. It is an excellent family magazine.

——The value of Aiken, South Carolina, as a health resort during the winter months, is set forth in a neat little pamphlet, which may be had of Mr. B. P. Chatfield, Aiken, on application.

BOOK NOTICES.

Manual of Gynecology. By D. Berry Hart, M. D., and A. H. Barbour, M. A. Vol. I. New York, Wm. Wood & Co.

This volume is that for January of Wm. Wood's Library of Standard Medical Authors. It is more neatly printed and on better paper than its predecessors. The illustrations are moderately good and about two hundred in number. The text of the book is by two professors in that specialty in Edinburgh, pupils of Professor Simpson, and is written with that care and thoroughness—and also with those prejudices—which we expect from attachés of that famous and ancient university.

The Functions and Disorders of the Reproductive Organs. By William Acton, M. R. C. S. Sixth edition, Philadelphia. P. Blakiston, Son & Co., 1883. 1 vol., cloth, 8 vo., pp. 267. Price, $2.

Mr. Acton has now been dead for some years, and we do not see that this treatise has been revised by any one since his demise. Hence, in many passages it is behind the age. Nevertheless, were we asked what better monograph exists on the subject, we could not name any. What especially distinguished Mr. Acton were his rare good sense and fine discretion in treating of subjects the most difficult of all to write about in the correct tone. In this respect his book is a model, and probably will long remain so.

THE

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IODOFORM IN DIPHTHERIA.

Diphtheria is a constitutional disease—this is not denied any more; but whether it is constitutional from its very beginning is not only very doubtful, but contrary to all sound reasoning. In case micrococci form really the pathogenic cause, they are first seen on the place of primary local affection, and from here they migrate and affect the blood in a similar, only more rapid, manner as the syphilitic virus. But granted that the disease is first purely local, and effective local treatment should be followed by such results as prove that the constitutional affection has been prevented by early destruction of the primary, local, exciting evil. Dr. J. Benzon in Buccari (*Wiener Med. Wochschrift*, 35–82), and Dr. S. Korach in Cologne (*Deutsch Med. Wochschrift*, 36–82) both have made experiments with the local treatment of diphtheria by iodoform. The former treated one man, two women, two girls, respectively aged 18 and 22, and a four-year-old child; and notwithstanding the cases were all of grave type, under the local treatment mentioned they all ran a very favorable and rapid course. B. treated his cases as follows: He took a painter's brush, 1 ctm. wide, and dipped it into finely-powdered iodoform till the points were all colored yellow. He then depressed the back of the tongue and applied the iodoform with the brush to the diphtheritic membranes. This procedure was repeated by B. in the beginning of the disease every two hours, about eight times during the day and six times during the night. With the exception of ice application to the neck, this formed the whole treatment.

He made use of this treatment under and by direction of Prof. Leichtenstern, the physician-in-chief of the Cologne City Hospital. For nearly a year all the patients in this institution suffering from diphtheria were treated with iodoform alone; cleansing injections with unmedicated water being the only local or internal medication used besides. First, iodoform triturated with amylum, was insufflated; then the dried powder alone was put by a brush upon the membranes. Later these methods were dropped, and instead of them iodo-

form with collodium (1 : 10) brushed six times daily over the diphtheritic exudations, the latter having each time been previously totally dried with a linen rag. Sometimes a solution of 2.5 in 25.0 sulph-ether, and 5.0 Tolu balsam, was made use of. The splendid results gained—of 213 cases only one death by laryngeal diphtheria—should induce far more extensive trials with this drug.

MUTUAL AUTOPSY SOCIETY.

M. Gambetta, the great French statesman, belonged to the "Société d'Autopsie Mutuelle," the members of which direct that a scientific examination of their brains shall be made after death.

The wisdom which caused him to become a member of this association is not by any means the least evidence of his transcendent greatness. It requires an intellectual power of more than ordinary magnitude to enable a man to so rise above his surrounding influences as to be capable of looking down with indifference upon the foolish sentimentalities and the ridiculous display of morbid feeling about ourselves after death, which is so characteristic of and so strongly imbued in the average man. Recognizing that every dead body scientifically examined throws so much additional light upon science, and tends to explain still further the mysterious phenomena of life, of health and disease, and by so doing aids materially the physician in his healing ministrations, these great minds cheerfully and eagerly will their bodies to the scientific scalpel.

But we should go further than did Gambetta. Not alone the brain should be donated for scientific investigation, but every organ as well. The viscera may all be enucleated without rendering the body unsightly when prepared for burial. If the family physician, who had known and recorded the various ailments from which the body had suffered during life, was to compare notes with the pathologist who examined the organs after death, symptomatology would receive a great *boost*. Let us have a *Mutual Autopsy Society;* it must emanate from physicians, who realize its value; therefore let us set the example.

THE SALE OF POISONS.

Every now and again we hear of some poor unfortunate, who, tired and weary of battling with the world, seeks relief in self-destruction.

Laudanum, morphia, strychnia, prussic acid, or some equally dangerous drug, has been the means of carrying into execution this morbid determination.

Now then, where are these drugs procured? From some druggist, of course. On physician's prescription? In the majority of instances, no!

We have in every city a limited number of dispensing drug stores, in which it is utterly impossible to procure any poisonous drug save on the written prescription of a known physician. But on the other hand, we have also many stores into which any one may go and buy an ounce or so of laudanum, without let, hindrance or question.

That such is wrong, we all know; let us stop it—how? By new legislation or by the enforcement of existent legislation, imposing an exceedingly heavy fine upon any druggist selling any poisonous drug to any person without a physician's prescription for the same. Compel all druggists to place their names upon every box and bottle that leaves their stores, thus giving a clue by which offenders may be traced. Of course it may happen that the name attached to the prescription is unknown to the druggist; he should then make inquiry, satisfy himself thoroughly in some way that the physician is all right. We ourselves, one time, in a neighboring State, had occasion to prescribe a dangerous drug; we were totally unknown to the druggist, but the character of the family to which our patient belonged was a guarantee of our respectability.

We cannot prevent men from shooting themselves, or from jumping over Niagara, or from drowning in lonely rivers; but we can, to a great extent, prevent this wanton waste of life from poisonous drugs, and it is the imperative duty of every one of us to look to it that we leave no effort untried to strictly limit the traffic in deadly drugs to its ordained and legitimate channels.

COMMISSIONS TO PHYSICIANS.

More than once in this journal we have pointed out why commissions paid to physicians, either by druggists or proprietors of sanitariums, private hospitals, or other health resorts, are against sound ethics, and in the end debasing to the profession.

Before us lies a circular sent out broadcast to the profession by a physician who runs a sanitarium in this State. The circular contains this "confidential offer:"

"For each and every paying patient which you send to this sanitarium, we will remit you two dollars in cash per week as long as your patient remains," etc.

We ask any one of our readers whether he would like his patients to know when he sends them to such a place that he receives about 20 per cent. of their board bills as his share?

If he would not like them to know of it, let him ask himself, why not?

He must honestly answer that he would be ashamed of the fact. He would consider himself lowered in their estimation. In other words, he knows he would be doing a mean thing.

Is not this reason enough for condemning any such offer, and for rebuking the man who extends it as a bait to his professional brethren?

Again, it is the duty of the physician when asked by his patient to recommend a health resort, to select one without being at all influenced by his personal interests. Unless his choice is entirely unbiased, it is dishonest. Now, even the sum of two dollars a week has its attractions, and will obscure the judgment to a certain extent. Hence any such offer is a direct incentive to dishonest advice.

All this business of commissions, and discounts, and sharing in profits derived from treating the sick, is lowering to the tone of the profession. Such practices belong to trade, where they are expected and customary, and where they do no hurt. They cannot be introduced into professional relations without direct injury to the public.

It were sound advice for all physicians to take to repudiate every such offer, and to decline to send any patients to institutions which show such a lack of moral sense as to make them.

RELIGION OF DARWIN.

During the meeting of German natural scientists and physicians, held last year in Eisenach, Prof. Ernst Haeckel lectured on the natural religion of Darwin, Goethe and Lamarck. In the course of this lecture he made the following remarks:

"That Darwin also adhered to the same natural religion as Goethe, and that he was no adherent of any special church-confession, is apparent to any one reading carefully his works. But as some of his countrypeople have immediately after his death contended the contrary, and as some bigoted ministers have praised Darwin as an orthodoxical adherent of a special confession of the English church, we will be permitted to contradict them by the following undeniable proof. I am so fortunate as to be able to introduce here an exceedingly valuable, so far unknown document, which will remove every doubt that might possibly exist.

"A young German student, whose Christian religion had been shaken by the perusal of Darwin's work, and who had entered the intermediate stage of doubt, wrote to Darwin, for the purpose of getting the advice of this eminent natural philosopher. At first one of the relatives of Darwin answered by excusing the latter's ill-health, great age, and want of time, which prevented him from deciding the questions put to him; but the German student was not satisfied, and so he once more, driven to it by his anxious doubts, wrote to Darwin, begging him to help him in his dilemma. He then received the following letter, written and signed by Darwin himself:

"DOWN, June 5, 1879.

"*Dear Sir*:—I am very busy, an old man and in bad health, and I cannot gain the time to perfectly answer your questions, supposing that they may be so answered. Science has nothing to do with *Christ*, excepting in so far as the habit of scientific exploration makes a man cautious in recognizing proofs. As far as concerns myself, I do not believe that there has ever taken place any revelation. But regarding a future life, everybody has to decide for himself between contradicting uncertain probabilities.

"Wishing you future welfare, I remain, dear sir,

"Very respectfully yours,

"CHARLES DARWIN."

Notes and Comments.

Hardening Plaster Casts.

Thos. Fletcher in the *English Mechanic* says, "that plaster casts or moulds can be hardened by boiling them for half an hour in a strong solution of potash alum." Another and more convenient way is to paint the plaster cast after it has become thoroughly dry with ordinary shellac varnish, repeating the coats until the plaster will not absorb any more of the varnish.

A New Evacuator.

The simplified evacuator for litholapaxy of Henry J. Bigelow, M. D., described in the *Boston Medical and Surgical Journal*, is indeed an ingenious and useful instrument that is a great improvement upon those formerly used by Sir Henry Thompson and others. The principal defect in these evacuators is that they all allowed the return of a few fragments of stone after they had been washed out, and in this way the surgeon furnished a nucleus for the formation of the very evil he was working so faithfully to root out. A minute description of Dr. Bigelow's improvement cannot be given here, but he overcomes the difficulty by prolonging the catheter into the bulb of the evacuator, which prolongation may have a valve at the end, and whose sides are perforated. The fragments of stone are easily washed by the current through the trap end into the bulb. When the bulb is compressed, the water readily finds an exit through the perforations, but no fragments can pass through. The instrument possesses slill another advantage in being easily taken apart and cleaned when clogged by mucus and other matter.

Sympathetic Ophthalmia Following Extraction of Cataract.

From the *Dublin Journal of Medical Science* for December we note that Mr. W. J. Milles, House Surgeon to the Royal London Ophthalmic Hospital, relates eleven cases of "undoubted sympathetic inflammation" following extraction of cataract, and due to that cause. He states that one of his "reasons for giving an account of these cases is that often more may be learned from the disasters than from the successes of surgery." "All the cases were fairly good subjects for operation; the cataracts were not complicated by any other disease of the eyes; the pupils were active, projection good, tension normal." The interval between the extraction and the onset of sympathetic ophthalmitis was, as a rule, two to three months. The shortest period was six weeks, the longest fifteen months. In the sympathizing eyes the tension varied from time to time; one day it would be normal, another day increased. This variation in the degree of tension is, he believes, one of the characteristics of sympathetic inflammation.

Sulphur as a Disinfectant.

M. d'Abadie recently read a paper before the Paris Academy of Medicine on "Marsh Fevers," in the course of which he made a strong plea for the properties of this rather neglected disinfectant. He cited many illustrations in favor of his argument, among others, that in the dangerous regions of African river mouths immunity from such fever is often secured by sulphur fumigations on the naked body. Also that the Sicilian workers in low ground sulphur mines suffer much less than the rest of the surrounding population from intermittent fevers. M. Fouque has shown that Zephyria (on the volcanic island of Milo or Melos, the most westerly of the Cyclades), which had a population of 40,000 when it was the centre of sulphur-mining operations, became nearly depopulated by marsh fever when the sulphur-mining was moved farther east, and the emanations prevented by a mountain from reaching the town. A simple way to use this article is to drop a quantity of flowers of sulphur on a *red*-hot stove.

Orbital Cellulitis.

Orbital cellulitis, as a sequel to facial erysipelas, is ably dealt with by Prof. Williams in the Boston *Medical and Surgical Journal*. It cannot be said that this lesion usually follows an attack of facial erysipelas, but any case is liable to it, and should its cause and treatment be misunderstood by the physician, fatal consequences may result. It begins with a full and tense feeling in the eye—the pain, at first dull, soon becoming more intense; the eye protrudes; vision, primarily not affected, suddenly fails. The ophthalmoscope shows little change in the disc, except that the retinal vessels are much smaller than usual, owing to pressure of inflamed tissues upon vessels of the orbit. The treatment must be prompt and decisive, or irreparable damage may ensue from pressure upon the optic nerve and blood-vessels; besides, the protrusion of the eye-ball beyond the lids is likely to be followed by ulceration of the cornea. Septic matter conveyed by the ophthalmic veins may cause pyæmic abscesses or heart-clot. The treatment

consists in introducing a bistoury or Graefe knife betwen the eye and orbit at that point nearest which the abscess seems to be forming. The back of the blade should enter next the eye-ball and the point pass well back to the fundus of the orbit. Even if pus has not formed, the tension will be relieved by the escape of blood. This treatment, though it does not always save the vision, gives speedy relief to other symptoms, and the patient usually makes a rapid recovery.

Physiology of the Cerebrum.

Since Hitzig, Ferrier and others started their experiments to determine the localization of the functions of the brain, hundreds of industrious investigators have continued their labor in the same direction. The latest of this kind we see in Pflüger's Arch. xxviii., p. 579, where Fr. Goltz publishes the results of his experiments on dogs. He found that these animals, if both temporal lobes are extensively and deeply destroyed in them, not only show diminished intelligence, but that also their character, if we may use this word, or their very nature, becomes profoundly altered. Harmless and good-natured animals become after this lesion very irritable; bad-humored show inclination to fight and bite even their masters. But in case the destruction affects the posterior lobes of the cerebrum only, the animals not only continue their harmless and good-natured character, but seem to become milder still, while their intelligence is, if anything, still more affected. We may conclude from this, that the temporal lobes seem to exert a kind of inhibiting influence on the animal passions, and that the latter are instigated in the posterior lobes, which again, as far as intelligence is concerned, seem to be in intimate connection with the anterior lobes.

Poisoning by Gelsemium Sempervirens.

In the *Medical Times* for December 30, 1882, Dr. L. L. Friedrich, of Washington, D. C., reports an interesting case of poisoning by gelsemium sempervirens, in which a teaspoonful of an old fluid extract was taken by a girl 14 years of age by mistake for bitter wine of iron. The first symptoms manifested themselves forty-five minutes after ingestion of the poison, viz., dizziness, headache, muscular relaxation, and slight convulsive movements. Improvement took place under a hypodermic injection of one-eighth of a grain of morphia. Soon after, however, the untoward symptoms returned with increased severity. Excessive muscular relaxation and incoördination manifested themselves. The pupils were dilated, diplopia, ptosis, paralysis of the facial muscles and excessive salivation were present. The face became congested, the tongue "thick," and deglutition well nigh impossible, together with other symptoms, resembling hydrophobia. Finally, the patient passed into a semi-comatose condition and the symptoms of collapse supervened, until the girl was totally unconscious, with a feeble, thready pulse, gasping respiration, cold, clammy skin, and failure of circulation in the extremities. A judicious treatment by emetics, cardiac and respiratory stimulants and artificial respiration was instituted, with the gratifying result of restoring the patient to health. No sequelæ are noted, except weakness and dizziness. The original improvement which was noted under the use of morphia is interesting as being confirmatory of an observation made by Dr. G. S. Courtright (Cincinnati *Lancet and Observer*, 1876, p. 963), that morphia was antagonistic to gelsemium, detailing a case in which recovery took place after the ingestion of two teaspoonfuls of the tincture, the treatment having been hypodermic injections of morphia.

Contagion of Leprosy.

The question of contagion in leprosy was the subject of controversy before the American Dermatological Association, in August, 1882. One case occurring in Louisiana, was that of a Catholic priest, who was ministering to a family of lepers. He contracted the disease, and died in a short time. In sixteen years, only two cases have been observed in the State of New York. One of these had associated with lepers in Mexico, the other had never been out of the State. A case was reported before the Philadelphia Pathological Society in November, 1882. The larynx and also a cast of the hands was exhibited. The patient was originally from Cuba, and contracted the disease there. Leprosy is not supposed to be communicated in the ordinary way, that is by atmospheric influence or ordinary intercourse, but more like syphilis, requiring the blood or secretions to come in contact with a healthy person. The disease is thought by some to be an outgrowth from syphilis. The period of incubation varies from one to sixteen years. Inoculation is admitted to be the principal method of communication. In 1843, a child was inoculated by being vaccinated with matter from a leper. Subsequently it came to this country and died at the Bellevue Hospital. Leprosy is due to the bacillus lepræ, which have been found by a number of noted gentlemen in the profession, such as Koch, Cornil, Schmidt, and others.

Effect of Potash and Sodium Salts on the Muscular Tissue of the Bowels.

From several notices published in the MEDICAL AND SURGICAL REPORTER, our readers will have learned the results of investigations recently made by Nothnagel for the purpose of determining the mode by which potash and sodium salts cause purgation. Prof. Bardeleben has taken up the same subject (Virchow's Archiv., lxxxix., p. 190). He found in the intestines of a murderer, who had been decapitated, that when touching them with potash-salts, a few seconds later a depression was induced at the place of contact; later a transverse strangulation, which gradually spreads itself in ring-form all around the intestine. At the same time motion is noticed to be increased above and below the place, for a distance of abont 10 ctm. The same observation had been made by Nothnagel, but what he was not able to determine, Bardeleben succeeded in establishing, viz.: That the same results were achieved also with sodium salts, only in a less degree. B. agrees with N., that the phenomena caused by sodium salts cannot be ascribed to direct muscular, but to nervous irritation, and he believes that in the intestines such contractions are easier shown in the long- and ring-muscles, as they can be seen better and run separate from each other.

Influence of Electric Light on Health.

The influence of the electric light on health was lately discussed at a meeting of the Hygienic Society of Hamburg, and Dr. Kruss gave his views on the subject at some length. He referred to the influence of the electric light on the human eyesight, and expressed his opinion that it produces no evil effects, the light having a violet tinge under most circumstances. The electric light being free from the disadvantages incidental to the combustion of gas, in the consumption of oxygen and the production of carbonic acid, he considered its development as being a hygienic measure of importance.

Intermittent Spinal Paralysis.

Generally speaking, malaria causes far more frequently affections of other parts of the human organism than such of the nervous system, if we except neuralgias. That, however, sometimes the nervous centres suffer severely, and especially the spinal cord, has also been attested to by many cases on record. Very interesting is the following case which Dr. V. O. Gibney publishes in the *Jour. of Neurol. and Psych.*, 1882, 4. Five times a boy, 7 years old, was attacked by diffuse paralysis due to malaria, and especially of the lower extremities. Each time an energetic treatment with quinine and removal out of the affected locality induced a cure. The electric excitability of the emaciated and paralyzed muscles was greatly diminished; typical reaction of degeneration was, however, wanting. In a second case, a boy æt. 6, had twice similar seizures. Dr. Gibney supposes that congestion of the spinal marrow, first active and later passive, hyperæmia accompanied by œdema, form the pathological-anatomical basis for these paralyses. The cord surely is not affected organically, otherwise the cure due to quinine would not be so effective and radical.

CORRESPONDENCE.

A Question in Pathology.

EDS. MED. AND SURG. REPORTER:—

About a dozen physicians met on the 9th ulto. to hold a post-mortem examination on the body of the late Mr. B., in order to determine whether he had been suffering from structural disease of the heart, or Bright's disease of the kidneys. The first thing apparent was extensive pericarditis, which had resulted in considerable adhesion of the pericardium to the walls of the heart. The organ was somewhat enlarged from the normal standard, weighing 18 ozs., the normal weight being from 10 to 12 ozs., or in proportion to the weight of the body as 1 to 169. According to this the hypertrophy would be very slight, as Mr. B. was a man weighing some over 200 pounds. There was no evidence of endocarditis, as the cavities of the heart presented nothing abnormal more than a slight calcareous deposit about the mitral valves. The valves were not enlarged at all, there were no red or ulcerated spots, nothing save this slight deposit which consisted of several small incrustations on the walls of the auricle and one on the valves. By passing the finger through the valves one could detect the bony projections.

The kidneys were imbedded in adipose tissue; and were examined and measured after the capsule had been removed, which took with it small particles of the substance of the kidneys as it was peeled off. The size was very nearly the normal standard, but slightly diminished. The surface of both kidneys after the removal of the capsules was rough and studded with numerous small and rounded elevations, with several cysts on both kidneys.

It was therefore apparent to all that in case of the heart there were pericarditis, a calcareous deposit above the valves of the left ventricle, and also an hypertrophy of the left ventricle. It was also apparent that the kidneys were slightly contracted and granular, which is one of the forms of Bright's disease of the kidney. Therefore the question was raised as to which was the primary disease. This question raises another, viz., will either disease produce the other, and do statistics show that one is concomitant to the other? It is

stated in Cornil and Ranvier's Pathological Histology, page 626, where speaking of the contracting granular kidney, that "the surface of the kidney stripped of its capsule presents slightly prominent, sharply raised small granulations, the size of millet seed." On the kidneys under examination these granulations were so plainly marked as to be pathognomonic of that form of Bright's disease of the kidney.

In the January number of Wood's "Library of Medical Authors," Dr. Dickinson says (page 94): "In kidneys which have acquired granular surfaces, there has invariably taken place a certain definite change in the fibrous tissues by which the tubes are separated. Of this the alteration of the surface is at once the result and the proof." On page 95, Dr. D. also states that "Granular degeneration begins in a slow and insidious manner, the departure from health being most gradual and indefinite." The fact cannot therefore be denied that when we get the granular kidney we have the incontrovertible evidence of a long-standing disease. Prof. Da Costa, in his work on "Diagnosis," page 698, says it may exist for years unsuspected, and that there is tendency toward convulsions, coma, hypertrophy of the left ventricle, and cysts of the kidney. In Flint's "Practice of Medicine" the professor says, "One of the most constant accompaniments of the small granular kidney is the hypertrophy of the left ventricle. There may be hypertrophy of the whole heart." He also speaks of the increase of adipose tissue around the kidney, which was decidedly marked in the case of Mr. B.; and Prof. Flint states on page 884 of his last work that "pericarditis is secondary, especially to the granular kidney," and that vomiting and delirium are common symptoms of this disease. In Reynold's "System of Medicine," vol. ii., page 591, it is shown that in one-half of 259 cases of Bright's disease of the kidneys there was hypertrophy of the left ventricle. There is abundant proof by this author to show that every heart complication that was found in the autopsy of Mr. B. is a common result of Bright's disease of the kidney, especially of the granular form; but whether it be granular or fatty, acute or chronic form, the action of the left ventricle is always unduly strong, and the tendency towards hypertrophy is great.

I could quote authority and give statistics to almost any extent to prove that the heart lesions as found at the autopsy are often the direct result of the granular kidney; and when we remember that the granulations found upon the kidneys of Mr. B. are *prima facie* evidence of a long-standing renal disease, and also when we recall to mind the fact of the itching and the vomiting, the delirium and the convulsions, the heart complications and coma, that were present with Mr. B. during the last of his illness, all of which point directly to Bright's disease, we can come to no other conclusion than that the granular kidney of Bright's disease was the primary trouble of this patient, and that the heart leisons were concomitant.

OBSERVER.

[The gentleman who forwards the above description desires our opinion as to the justness of his conclusion. Of course, we can speak from the record only. As it stands, we should think his position is the correct one.—EDS. REPORTER.]

Hives.

EDS. MED. AND SURG. REPORTER:—

The "information concerning 'Hives'" asked for by your correspondent, Dr. J. E. F., will vary greatly in its character and value, as it may be the result of observation confined to the surface of the body; or, contemplates its deeper springs in the vitiation of the physiological processes of the animal economy. He who is most successful in detecting the occult origin of nerve irritation, will be likely to throw the most light on the source of obscure affections, and to relegate to their proper place those phenomena which, being only symptoms, are ranked as diseases. My experience being in the lighter and less recondite cases, may be useful only as a suggestion as to the cause of the manifestations, which, once ascertained beyond question, puts one upon the high-road to their cure by sapping the fountain.

Early in my practice, I was sent for in the greatest haste to see Mrs. H., who was said to be "choking with *the bold hives*." A quick response to the call showed how urgent was the necessity for relief; the patient gasping in great excitement from constriction about the throat. Ascertaining that she had recently partaken of fish, an emetic was given, with prompt subsidence of the alarming symptoms.

In REPORTER, Vol. XLIII., p. 353, article "On Quinine in Fevers and Disorders accompanying Them," I related the following case, which is here reproduced for the sake of any who may not have seen it. "Mrs. H. W. S. has had a chill, followed by fever and severe pain in the region of the liver; the skin being elevated in wheals by urticaria. Laxative doses of calomel, with citrate of potash, were employed during the first two days of treatment, after which full doses of quinine were given, the symptoms all disappearing with the fever. Subsequent attacks of like character, in the late summer and autumn, were treated in the same way with good results." This lady, who had always been treated by her former attendant for "hives," would not at first believe that these manifestations, so named, were only the symptoms of another disease.

As in the case under observation, "dyspepsia or profound impression of the nervous system usually precedes the attack," it would appear that connected therewith lay the grounds of a reasonable etiology, and a rational and successful treatment. If we can remove the dyspepsia, which is also probably only a symptom, we shall at the same time get rid of the nervous trouble of which the "hives" are a part. The following case may be suggestive in this connection: A gentleman, whose stomach was so irritable as to be constantly rejecting food, and was the focus of all those varied discomforts denominated dyspepsia, was treated by remedies having direct application to this organ. When all means thus directed had failed, I was enabled, on taking charge of this case, to find the *fons et origo* of all the trouble in the liver; and to make a rapid cure by pil. hydrarg., seidlitz, and vegetable bitters.

A valuable hint may therefore be found as to the etiology and cure of "hives," as of many of the diseases of the human race, in the sage remark of Sylvius, in his "New Idea of the Prac-

tice of Physick" (London, 1675): "Man's health is manifested by the perfection of all his functions, and his sickness by the hurt and deficiency thereof." E. T. Blackwell, M. D.

Paterson, N. J.

The Influence of Alcohol on Bright's Disease.

Eds. Med. and Surg. Reporter:—

In your issue of November 25, 1882, page 604, Dr. Meigs concludes his very valuable paper on "Albuminuria" with a sentence concerning the influence of alcohol on kidney disease. While one case proves nothing, I would like to present the following singular case, to say the least, to your readers:

A. W., age 33, is to-day a man weighing about 180 pounds, is strong, robust, and apparently as well as any man can be. Well, about eight years ago, feeling a little out of sorts, he consulted his physician and found he had kidney disease, there being both albumen and casts in the urine. A careful life was enjoined, which was followed for maybe six months, when he relapsed into his old habits, viz., the quite free use of whiskey and tobacco. He had been addicted to both of these habits since very early manhood. About three years ago he contracted a most terrible case of syphilis, suffering with enormous lupoid sores all over the body and the most profound constitutional symptoms for more than a year. During this time he drank and and smoked harder than ever; in fact, so depressed was he by his misfortune that he did little else but loll about and keep all the time to a certain extent under alcoholic influence. Finally the sores healed and he commenced to improve; having been reduced to 120, he now, as I have said, weighs 180 pounds. While he drinks less than formerly, yet he now daily consumes at least ten to twelve ounces of whiskey. I should add that he has a sanguine temperament and the most remarkably *easy-going* disposition I have ever encountered, which may, perhaps, account for the mystery. X.

Ohio.

News and Miscellany.

Free Quinine.

The House, in Committee of the Whole, last week, struck from the Tariff Bill the item placing a duty of 10 per cent. on sulphate and salts of quinia, and cinchonidia.

The vote stood 108—57, and the result was received with applause on the Democratic side.

Why not go a step further, and put on the free list the articles essential to the manufacture of quinine, so as still further to cheapen this valuable remedy?

This is the point that we have repeatedly urged on those interested in this subject.

Nurses' Directories.

The nurse is the assistant of the physician, and a good nurse is often an indispensable assistant, if the patient is to have a chance of weathering the disease. Hence it is an admirable plan now in vogue in Philadelphia and Boston to organize a bureau or directory, where nurses can register their names, addresses and engagements, and where physicians and the public can promptly secure their services.

That in Philadelphia is at the northeast corner of 13th and Locust streets, and is in charge of Miss Emily Thomas, Secretary of the Association, who has the matter in care. She can be communicated with by telegraph, and nurses can be promptly despatched to the country. Particulars as to fees and prices can be obtained by addressing her.

Habitual Drunkards' Act.

A bill has been favorably reported to the Senate of this State allowing habitual drunkards, by order of the Court, to be confined in inebriate asylums by their relatives for care and treatment.

Epidemics.

The Board of Aldermen of Providence, R. I., have ordered that all vessels from Baltimore shall be quarantined.

The reports of small-pox around Salem, Va., are said to be exaggerated.

The Wytheville (Va.) *Dispatch* says that the extent to which the scarlet fever is spreading throughout the Valley of Virginia is appalling. About a month ago it broke out near Staunton, and has since reached that city, and spread to such an extent that many of the schools have been forced to close.

Money for the Feeble-Minded.

Henry M. Diabert, of Philadelphia; Evan Rogers, West Chester; and Dr. Isaac N. Kerlin, Superintendent of the Pennsylvania Training School for Feeble-minded Children, at Media, were before the House Committee on Appropriations at Harrisburg recently, asking an appropriation of $40,000 for the maintenance of that institution, and $30,000 to finish and furnish the building.

A Compliment to American Medical Journalism.

The *Medical Times and Gazette* says: "The surprising familiarity shown by American physicians with the latest researches in this country and on the Continent is, we fear, scarcely enough reciprocated by us." This familiarity is owing chiefly to the enterprise of our medical journals.

Calhoun County (Mich.) Medical Society.

At the recent meeting of this society the following officers were elected for the ensuing year: President, Dr. M. W. Tomlinson, of Battle Creek; for 1st Vice-President, Dr. Joy, of Marshall; for 2d Vice-President, Dr. Alvord, of Battle Creek; for Secretary and Treasurer, Dr. W. B. Sprague, of Battle Creek.

Female Brain Work.

From the *Medical Times and Gazette* we note the following: "Referring to much that had been said and written lately about the overworking of girls and young women in schools and colleges,

and that his friend Dr. Clauston had come forward as the champion of health and ignorance for women, Dr. Tuke thinks that Dr. Clauston had overstated the position of matters, that he had based his opinions more on the observation of isolated cases than on the general condition of highly educated women; that he had mistaken the wail of the one for the murmur of the many. No doubt a certain number of young women suffered and broke down whilst studying, but this did not necessarily imply that study was the cause of the breakdown. Idleness and ignorance were much more prolific causes of disease amongst women than overwork. They were the main producers of hysteria and all sorts of vapourish complaints, of many ills and evils, and of inanity, if not of insanity. As a matter of fact, it was not an easy thing to overtask the energies of the brain by work. It was not work, but worry, that killed the brain. The latter, he feared, must be ever with us all. The most highly educated and hard-working women whom he had the honor of knowing were eminently healthy. Perhaps this might be the 'survival of the fittest'; but, even granting that it was so, the more women worked the more fit women they would have. The breakdown from overstrain did occasionally take place, and the first really important symptom was sleeplessness; when that set in, there was cause for alarm. As soon as a child or young person developed continuous headache, work should be discontinued."

These are sound doctrines and deserve extensive notoriety.

Baby Farming in France.

The French act, passed in 1874, for the protection of children of tender age placed under care of "baby farmers" (a numerous class in France), and other persons, who, for a consideration, undertake the charge of one young child (likewise a large class), has worked sluggishly. The funds allotted for the purpose have been insufficient, and the work has been indifferently seconded by the local boards. But ministers have by degrees improved the service, by additional remuneration to different functionaries already existing, and good results are expected.

Expensive Quinine.

During our war and for a long time afterwards, perhaps still to-day, there has been a widespread rumor that persons who had been entrusted with delivery of articles necessary for the army by contract, had become remarkably rich by charging exorbitant prices. We read in an editorial of the "Wratsch" (Russian medical paper, *The Physician*), that a suit has been instituted in Petersburg against Counsellor Koslow, former chief of the "Sanitary Bureau" during the Turko-Russian War. The main object is to find out, if there was anything "crooked" in the delivery of quinine for the army, which was totally in charge of Koslow. Before the war a pound of quinine was sold for 42 rubles (1 ruble about 80 cents); it became dearer during the war, but Mr. Koslow charged the government from 100 to 208 rubles—nearly 160 dollars per pound of quinine. They seem to understand money-making, not in America only, but even in Russia.

New York State Medical Society.

We have received early reports of this meeting, and in our next issue will furnish a full report. The resolution to repeal all action taken at the meeting in 1882 in regard to changing the Code of Ethics, offered by Dr. Squibb, of Brooklyn, was debated long and fiercely, and finally defeated by a vote of 105 to 99. This leaves the new code in force, and still further alienates this Society from the profession at large.

The Physician's Chance for Saving.

Dr. Cotting, in the Boston *Medical and Surgical Journal*, says that it may reasonably be doubted whether even in the city, where the fees are nominally the largest, the average income of the profession allows a greater margin for savings than that of the laborer who sweeps the streets or carries the garbage.

Personals.

—A portrait of Oliver Wendell Holmes by Alexander, of New York, to be presented by his former pupils to the Harvard Medical School, has been on exhibition in Boston.

—Dr. E. Fletcher Ingals has been made Professor of Laryngology in Rush Medical College, Chicago.

—Dr. Joseph T. Smith has resigned the Chair of Anatomy in the Baltimore Medical College. Dr. Thomas Dougherty has been appointed Lecturer on Physiology in the same institution, *vice* Dr. B. F. Leonard, resigned.

—Mrs. Elizabeth A. Beard, wife of the late Dr. George M. Beard, died of pneumonia at the Grand Hotel, New York, January 31st. Only a few days before, her husband died of the same disease.

—Mr. Lawson Tait has been elected an honorary member of the American Gynæcological Society.

Items.

—In Portland, Maine, where they have a stringent liquor law, the percentage of arrests for drunkenness to the population was, in 1880, 3.56; in New York it was 2.44.

—The continued increase of mortality in St. Petersburg—arising from zymotic diseases—is creating considerable alarm. The municipality has expended 50,000 roubles in sanitary measures, but nothing practically effective against the ever-growing death-rate has been devised.

—A resurrectionist in Washington was recently sentenced to an imprisonment of eleven months and twenty-nine days.

—The Spanish Government has received a telegram dated December 28th, from their Consul at Suez, announcing that cholera has appeared amongst the pilgrims from Mecca and Medina, and that the deaths from the disease at the latter place number ten daily.

—The Académie des Sciences at its last meeting appointed a committee, with M. Milne-Edwards as its president, to co-operate with the English committee for raising a memorial to Charles Darwin.

—Dr. Charles F. Moore reports a case presenting neuralgic symptoms in a man having remarkable patches of white hair, some of which were congenital.

—The New York *Tribune* publishes some statistics of suicides in that city during the last twelve years. In that period 1,687 persons took their own lives; 1,326 were men, and 361 women.

—The proof of numerous inhumations before life was entirely extinct has incited the Paris Academy of Sciences to award a prize of 2,500 francs to the author of the best work on the positive symptoms of death and on the most efficacious means of preventing premature burial.

—A boy of eight years died in England, poisoned by the action of a substance used in dyeing his stockings. Sir John Humphreys testified that several striking proofs had come under his notice of the danger of wearing many of the dyed stockings offered for sale.

—The *Shenpao*, a Chinese newspaper, gives an account of a man thirty-four years old, with thirty-two children—sixteen pairs of twins. The father is a poor farmer, and the children are supported by their neighbors. The *Shenpao* is silent as to the mother.

—The last alleged discovery is that there are horned men in Africa. A Captain J. S. Hay recently read a paper before the British Association in which he stated that he had seen them, and exhibited sketches of them. He thought they belonged to the class of malformations of which there was a noted example in the case of the "porcupine man," who had horny plates on various parts of his body.

—Dr. E. M. Snow, in his annual report as Registrar of Providence, R. I.,—a city of over 100,000 inhabitants—makes the striking statement that there was no case of small-pox in Providence during the year 1882, and the last death in the city from this disease was in July, 1875; indeed, there has been only one death from small-pox in Providence since May, 1873, nearly ten years.

OBITUARY NOTICES.

DR. J. PH. TRAU.

Dr. J. Ph. Trau, a well-known German physician, died at the residence of his son, Dr. Adam Trau, in this city, on Thursday morning, Feb. 1st, aged 73 years. His death was quite sudden; having just returned from his usual afternoon walk, he was prostrated at his doorstep with a stroke of paralysis, and died eight hours later. Dr. Trau was born in Germany, and graduated as a Doctor of Medicine in a Munich College. He took an active part in the German revolution of 1848, and to avoid possible arrest for his participation in that historical event, he left that country in 1850 and settled in this city, where he has since lived. He had a very large medical practice among the German population, but in 1871 he relinquished it to his son, Dr. Adam Trau. He was a member of several German societies, and an active Mason. He was also an organizer of several building associations directly after his arrival in this country. He leaves two sons.

LIEUTENANT-COLONEL CHARLES C. KEENEY, U. S. A.

Dr. Charles C. Keeney, who died January 30, was a native of New York, but was appointed from Michigan as Assistant Surgeon of the United States Army, July, 1842. He served with the Army of Invasion in Mexico in 1848, afterwards being stationed at different points in the South and West until the breaking out of the Rebellion, when he joined the Army of the Potomac as Inspector of Hospitals. In October, 1865, having been breveted Lieutenant-Colonel for services during the war, Keeney was made Post Surgeon at San Francisco, and permanently stationed at that point. In June, 1876, he reached the rank of Lieutenant-Colonel.

DR. GEORGE M. BEARD.

Dr. George M. Beard, of New York city, who had made a considerable reputation by his numerous writings on diseases of the nervous system, and who was prominently identified with the Guiteau trial, died in New York on January 23.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REPORTER: In reply to the interrogatory of "J. E. F., M. D.," I will say that the remedy for "hives" is hot whiskey punch, given at short intervals, until the patient begins to feel the intoxicating effects of the alcohol. Frequently, one strong drink of toddy is quite sufficient to arrest an attack and allay the terrible itching and burning sensations of hives; and in chronic cases, an ounce or two of whiskey or gin, given immediately after each meal, soon remedies the morbid irritability of the nervous system said to be the cause of hives. The next best remedy in chronic cases is, sulph. quinine grs. ij, pulv. capsicum grs. iij, sulph. ferri gr. j, pulv. aloes gr. ss, made into three pills and taken three times a day after each meal. If the tongue is coated, an occasional mercurial purge is always beneficial. As a local application, hyposulphite of soda one drachm, carbolic acid, grains twenty, one drachm of glycerine and seven drachms of water, make the best wash for the itching and burning. J. B. JOHNSON, M. D.

Washington City, D. C.

MARRIAGES.

HARRY—LONGAKER.—At the residence of the bride, in Norristown, by the Rev. A. J. Weddell, on the 31st of January, Dr. C. Howard Harry and Miss Lizzie Longaker, both of Norristown, Pa.

HIETT—DEARMAN.—At the 6th Presbyterian church, on Thursday evening, December 28, 1882, by the Rev. H. T. McClelland and Rev. F. P. Cowan, D. D., Dr. G. W. Hiett and Mrs. M. DeArman all of Pittsburgh.

RAYNES—DAVIS.—At Lebanon, N. H., January 17, by the Rev. M. V. B. Knox, D. D., assisted by Rev. J. M. Dutton, John B. Raynes, M. D., of Bradford, N. H., formerly of Lebanon and Emma A. Davis, of Lebanon.

VAN FLEET—OAKLEY.—On Wednesday, January 31, 1883, at the residence of the bride's parents, Frank Van Fleet, M. D., of New York city, and Carrie B. Oakley, of Orange, N. J.

RHOADS—DAWKINS.—At the residence of the bride's father, in Dallas, Texas, January 17, 1883, by the Rev. Mr. Moore, H. H. Rhoads, M. D., of Aubrey, Texas, and Miss M. P. Dawkins.

DEATH.

SEEGAR.—At his home, in Fairmount, Ohio, January 22, 1883, Dr. Jabez Seegar, aged 77 years.